

## Thistleknowe Care Home Care Home Service

55 Head Street  
Beith  
KA15 2EU

Telephone: 01505 502515

Type of inspection: Unannounced  
Inspection completed on: 22 May 2017

**Service provided by:**  
Scotcare LLP

**Service provider number:**  
SP2008009523

**Care service number:**  
CS2007152799

## About the service

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Thistleknowe Care Home is a privately owned service under the company name of Scotcare LLP. The Care Home is situated in a residential area of Beith, North Ayrshire close to local amenities and transport links. The service is registered to provide care to 16 older people who do not require nursing care. Of the 16 places, two can be used to provide respite care.

The accommodation comprises of a detached stone-built villa, with a newer extension to the side of the original building. The older part of the building is over two floors, accessible by stair lift, and consists of a dining room, laundry, shower rooms and bedrooms. The newer extended part of the building includes the kitchen, lounge, assisted bathroom and en suite bedrooms.

We visited this service on four occasions during this inspection which included 16, 18 and 22 May 2017 with an evening visit on 19 May.

## What people told us

We spoke with residents and relatives during these visits. We spoke with 12 residents, seven of whom were on a one to one basis. They continued to tell us that they were very satisfied with the quality of care and support they received. One resident discussed an issue with us and gave us permission to ask the manager to discuss it further with her. Residents told us about some of the activities they had particularly enjoyed. This included arts and crafts and baking. Two residents told us about being out for lunch. We chatted with a small group in the lounge. They told us there were always things for them to do. They told us they enjoyed having a chat with each other and with staff and liked to sit and watch TV or listen to music. The residents told us about children from the nursery coming into the care home and helping with arts and crafts and two residents said they had been to the nursery and helped in the garden. One resident still enjoyed going for a swim in the local pool and another told me he still liked to go to the library when he was well enough to go.

We spoke with four relatives, all of whom were very happy with the quality of care their loved ones received. One relative said 'it's just like a big family', they told us that staff were 'excellent' and 'very approachable'. They were happy with the communication from staff and said they would always be contacted if there were any concerns. The relatives told us they were frequent visitors and were always made very welcome by staff.

We asked the service to distribute our questionnaires to residents, relatives and staff. We received four from residents and one from a relative. All of the statements in the questionnaires were responded to positively. There were no negative comments made. Comments included:

'This is my home. I feel at home'.

'My room is perfect. Nothing wrong'.

'I like being here'.

'The home is small and friendly and everyone knows mum. She is very well cared for'.

## Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. We discussed with the provider and manager how their own quality assurance processes could be used to inform an overall development plan for the service which identified priorities for improvement and development. The manager agreed to prepare this for examination at the next inspection.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

The service continued to place importance in seeking residents' views on proposed developments and improvements in the service. This included staff recruitment.

The service had introduced a Facebook page. This was a 'closed group' and was only accessible when permission had been granted. Relatives were able to see the type of activities and entertainment their loved ones had participated in.

The service employed a member of staff with a specific remit to organise, lead and facilitate activities in the service. We continued to see examples of very positive engagement between staff and residents. It was clear they knew residents well and knew the type of activities individuals enjoyed and what was important and meaningful to them.

The service continued to encourage residents to maintain links with the local community by accessing church groups, local fetes and community events. The service had recently made links with the local nursery school and residents enjoyed visits to the nursery and visits from the children to the care home.

We made a recommendation at in the last inspection report about Residents' Day. The purpose of Residents' Day was being reviewed at the time of this inspection to focus on a more quality assurance format (see Quality Theme 4). We considered this recommendation to be met.

The service continued to operate processes for assessment, care planning and evaluation. This included the use of assessment tools based in current best practice. Records were maintained showing the interventions required to meet residents' assessed care needs. Although the quality of information and direction to staff did vary in some care plans we found that the manager and staff were knowledgeable about individuals' care needs and how they should be met. We saw that staff had established good links with community healthcare staff and sought their advice and guidance to support good outcomes for individual residents.

The service continued to operate a person centred approach to the management of individuals' medication.

where medication was stored and administered from individuals' own rooms.

There were good systems in place to manage money held on behalf of residents. Residents could have access to their money outwith office hours.

The service hoped to introduce 'Namaste Therapy'. This is a person centred sensory and therapeutic activity programme which would be used as part of the service approach to caring for people living with dementia. We look forward to seeing this fully established in the service at the next inspection.

Residents and relatives continued to tell us they were very happy with the quality of care provided.

We made a requirement in the last inspection report regarding the management of individuals' medication. Although we saw some improvements we felt that these were not sufficient to consider the requirement to be met. There continued to be a number of medication errors still being made and the records to evidence that topical applications were being applied in accordance with the prescriber's instructions or to reflect an assessment of an individuals' skin care and pressure ulcer prevention were still not well maintained. (requirement 1)

We noted that medication records did not include notes of when medication had not been given/taken or the reason for administering 'as required' medications. Although reference to some of these instances could be found in other written communications it did not provide a clear reporting format which was easily accessible or provide an 'at a glance' overview. (recommendation 1)

We noted when examining accident/incident records and supporting documents, such as post falls assessments, that these were not always fully completed. Deficits in information impacted on the quality of evaluations and subsequent care planning. (recommendation 2)

The service had a keyworker system which was being reviewed at the time of this inspection. The provider should ensure that this review is concluded and that keyworker arrangements evidence a positive impact on outcomes for individuals.

We also noted that a number of records and documents were not always signed and dated where required. This should be considered as an area for improvement.

The provider should also formally evaluate the quality surveys completed by residents and relatives and show how views and suggestions had been actioned.

We made an evening visit during the inspection and found that residents had to wait when they requested assistance with personal care. We saw that staff were unable to meet all the requests being made by residents whilst also monitoring individuals' in the lounge who were a high risk of falls. We saw that staff on duty were working well as a team and trying hard to delegate their time effectively to ensure individuals' safety and comfort was prioritised. Staff on duty told us that it was a particularly busy evening and there were other evenings when it was 'quieter. We discussed our findings with the provider and manager and asked that an assessment of individuals' needs in the evening was carried out and any changes to staffing levels or deployment carried out where required. We will continue to monitor this in future inspections.

## Requirements

### Number of requirements: 1

1. The service provider must ensure that:

- individuals' prescribed medication is administered in accordance with the prescriber's instructions.
- prescribed topical applications are applied in accordance with the prescriber's instruction or in accordance with an up to date assessment of skin and pressure area care requirements.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: from 1 July 2017.

## Recommendations

### Number of recommendations: 2

1. The provider should ensure that medication records clearly show when medication had not been given/taken and the reason for administering 'as required' medications.

National Care Standards, care homes for older people - Standard 15: Keeping well - medication.

2. The provider should ensure that accident/incident records and supporting documents, such as post falls assessments are fully completed.

National Care Standards, care homes for older people - Standard 6: Support arrangements.

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

The service followed appropriate health and safety procedures to comply with health and safety legislation and best practice. Equipment and utilities were serviced at required intervals. There were additional health and safety checks carried out at stated intervals to ensure the environment was safe for the people living and working there.

The Care Home continued to be warm and welcoming with a homely appearance. At the time of this inspection, all residents were accommodated in single rooms. The majority of rooms had en suite facilities. There was adequate space to offer residents an alternative quiet sitting area. There was adequate assisted bathing and showering facilities.

The manager had used the assessment tool 'Is Your Care Home Dementia Friendly' (The Kings Fund) which resulted in some rooms being redecorated and personalised and improvements being made to signage throughout the home.

There were appropriate measures to safeguard residents' privacy. Residents received support in a way which protected their privacy and dignity. Residents could have a key to their room should they choose. Lockable space was available in rooms for the safe keeping of personal belongings. Appropriate arrangements were in place for the safe storage of residents' confidential records.

The requirement made in the last inspection report relating to the need for appropriate cleaning and laundry arrangements over seven days had been met. However, we have made further comments regarding the laundry in areas for improvement.

The recommendation made in the last inspection report regarding the use of the assisted bathing area for storing miscellaneous items and equipment had been met.

The recommendation made in the last inspection report about the fitting of an automatic release lock linked to the fire alarm system on the fire exit door on the first floor was met.

The provider had improved the provision of cleaning staff over the seven day period. However, we noted on our evening visit there were areas of the home which were malodorous and that aspects of housekeeping and cleanliness in some areas were not to a good standard. The provider and manager should monitor the standard of cleanliness at different times of the day over the seven day period and make any provision necessary to ensure standards are maintained throughout the day. (recommendation 1)

The service had a very small laundry which did not allow for good separation of laundered and unlaundered clothing. During our evening visit, we found the laundry to be in a state of disarray resulting in a high cross contamination risk. We were also aware that the domestic dryer was struggling to deal with the volume of laundry being processed each day. Care staff were still responsible for dealing with laundry throughout the day and night. Ironing was done by night shift staff when residents' needs had been met. We were assured by the manager and staff that staff were not put under any pressure to carry out laundry tasks and that meeting residents needs was the priority. The provider must upgrade the current equipment for drying laundry and ensure that the laundry area is well organised and that good infection prevention measures are in place. (requirement 1)

The recommendation made in the last inspection report regarding the need to enhance the appearance and accessibility of the garden at the front of the building remained unmet. (recommendation 2)

The standard of flooring in many parts of the home was worn and badly stained and required to be replaced. This had a detrimental impact on the overall appearance of the environment. The provider should include the need to replace flooring in the service development plan, prioritising the most effected areas and include timescales for replacement. (recommendation 3)

## Requirements

### Number of requirements: 1

1. The provider must upgrade the current equipment for drying laundry and ensure that the laundry area is well organised and that good infection prevention measures are in place.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: from 1 July 2017.

## Recommendations

### Number of recommendations: 3

1. The provider and manager should monitor the standards of cleanliness at different times of the day over the seven day period and make any provision necessary to ensure standards are maintained throughout the day.

National Care Standards, care homes for older people - Standard 4: Your environment.

2. The provider should improve the garden area to the front of the building to create a pleasant and attractive area for residents to spend some time. The garden should be more accessible to residents with wheelchairs and mobility issues.

National Care Standards, care homes for older people - Standard 4: Your environment.

3. The provider should include the need to replace flooring in some areas of the care home in the overall service development plan, prioritising the most effected areas and include timescales for replacement.

National Care Standards, care homes for older people - Standard 4: Your environment.

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

The service had policies and procedure relating to recruitment and induction. The examination of recruitment records showed that these procedures were consistently applied. The service continued to involve residents in the recruitment process.

The service had continued to develop and improve the staff induction process. This now included observed practice and reflective learning accounts.

New staff were supported to complete a qualification to meet registration requirements with the Scottish Social Services Council (SSSC).

There were various communication methods which were used successfully to ensure that staff were kept up to date regarding any changes to individuals' needs or presentation.

A staff training matrix was available showing the training staff had completed and when any refresher training was due. Staff also had access to an e learning resource and had completed training relevant to their role. The provider commissioned specific training in fire safety and moving and handling. The service also benefited from training provided by the local authority on falls prevention and adult support and protection.

Most training provided included questionnaires/quizzes for individuals to complete as part of a competency assessment. Individual reflective learning accounts were now being used more consistently.

Staff had enhanced their skills in the care for people with dementia by completing training to at least Skilled

Level based on the Promoting Excellence Framework developed by Scottish Social Services Council (SSSC) and NHS Scotland as part of the Scottish Government's Dementia Strategy.

The manager had established a policy of staff supervision which was provided in various formats and included group and one to one supervision sessions. Other methods, such as themed focus areas and Situation Background Assessment Reviews (SBARS), were used where it was found that staff needed additional information or guidance to improve areas of practice.

Staff registration status with the SSSC was checked at the time of recruitment. New staff were supported to register with the SSSC and a system had been developed to track the registration process and renewal dates.

Service users continued to tell us that they considered staff to be appropriately skilled to carry out the tasks required.

Although the service had continued to develop the content of induction training, the induction policy and procedure had not been updated to reflect the changes made. As an area for improvement the manager should ensure that an up to date policy and procedure is in place.

We have referred to our observations of staffing levels during an evening visit (Theme 1 – Care and support). The provider and manager should ensure that an assessment of residents needs is carried to ensure staffing levels and staff deployment is appropriate to meet residents' needs in the evening.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

## Quality of management and leadership

### Findings from the inspection

The service manager continued to develop in her role. Residents and relatives told us that she had a strong presence in the care home and made a point of speaking with them to ensure their views were sought about all aspects of the service. It was clear from discussions with the manager that she knew residents well. Systems and processes continued to be developed and improved to support staff in the care of residents.

There was a training plan in place to support and develop senior staff in their role. A number of 'champions' had been identified for specific areas of care such as infection control, nutrition, dementia, wellbeing, palliative care and oral care.

There were appropriate 'on call' arrangements in place to support staff in the evenings and weekends.

The participation methods used to seek the views of service users, relatives and other stakeholders informed the



provider's quality assurance process.

The quality assurance processes within the service included the participation methods used to seek the views of residents and relatives. Specific audits were carried out in relation to care planning, the management of medication and the environment.

We were informed that, following evaluation, that Residents' Day would be reviewed to take a more quality assurance and auditing format. It was felt that the concept of Residents' Day', with a component of 'something special' being organised specifically with the resident on that day, was no longer necessary as there was evidence that residents had access to activities which were person centred and meaningful to them and which did not have to happen on a specific nominated day. We found in this inspection that residents did have access to activities and events which were meaningful to them and supported their wellbeing.

External audits were carried out by The Scottish Fire Service, the supplying pharmacy, the local authority environmental health department and the local authority care home liaison officer.

The format and content of quality assurance audit should be reviewed to ensure they can identify the areas for improvement highlighted in this report such as incomplete accident/incident reports and other documents not being signed and dated.

There were still a number of medication errors being made which we had raised in the last inspection report. The manager continued to investigate the reason for each incident and, where required, provided staff with additional support in the form of focus supervision. This included self-assessment and reflection on the incident and how errors would be avoided in the future. The provider should ensure that quality assurance processes and staff monitoring and supervision in relation to managing individuals' medication is consistently reviewed in order to improve staff.

## 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:

- individuals' prescribed medication is administered in accordance with the prescriber's instructions.
- prescribed topical applications are applied in accordance with the prescriber's instruction or in accordance with an up to date assessment of skin and pressure area care requirements.

This is in order to comply with SSI 2011/210, Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

**This requirement was made on 20 May 2016.**

### Action taken on previous requirement

Although we saw some improvements, we felt that these were not sufficient to consider the requirement to be met. There continued to be a number of medication errors still being made and the records to evidence that topical applications were being applied in accordance with the prescriber's instructions or to reflect an assessment of an individual's skin care and pressure ulcer prevention were still not well maintained.

**Not met**

## Requirement 2

The provider must ensure that appropriate cleaning and laundry arrangements are in place in the service seven days per week.

This is in order to comply with SSI 2011/210, Regulation 15 (a) Staffing - a requirement that a provider must ensure that at all times suitability competent persons are working in the care service.

**This requirement was made on 20 May 2016.**

### Action taken on previous requirement

The service had extended the cleaning provision in the service over seven days. Although we considered this recommendation to be met, we did note during our evening visit to the service that standards at that time of the day were not what they should be. We have asked the provider and manager to monitor this and make any required adjustments to the cleaning rota required to address 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 provider should develop the scope of 'Residents Day' and return the focus on enhancing outcomes for service users.

National Care Standards, care homes for older people – Standard 6: Support arrangements and Standard 12: Lifestyle – social, cultural and religious belief or faith.

**This recommendation was made on 20 May 2016.**

## Action taken on previous recommendation

We were informed that, following evaluation, Residents' Day would be reviewed to take a more quality assurance and auditing format. It was felt that the concept of Residents' Day, with a component of 'something special' being organised specifically with the resident on that day, was no longer necessary as there was evidence that residents had access to activities which were person centred and meaningful to them and which did not have to happen on a specific nominated day. We found in this inspection that residents did have access to activities and events which were meaningful to them and supported their wellbeing.

## Recommendation 2

The provider should consider fitting an automatic release lock linked to the fire alarm system the fire exit on the first floor and any other fire exits which are a potential risk to residents.

National Care Standards, care homes for older people – Standard 4: Your environment.

**This recommendation was made on 20 May 2016.**

## Action taken on previous recommendation

An automatic release lock linked to the fire alarm system on the fire exit door was now fitted.

## Recommendation 3

The provider should ensure that the assisted bathing area is not used for storing miscellaneous items and equipment.

National Care Standards, care homes for older people – Standard 4: Your environment.

**This recommendation was made on 20 May 2016.**

## Action taken on previous recommendation

We monitored the assisted bathing area at all our visits during the inspection and found this recommendation was met.

## Recommendation 4

The provider should improve the garden area to the front of the building to create a pleasant and attractive area for residents to spend some time. The garden should be more accessible to residents with wheelchairs and mobility issues.

National Care Standards, care homes for older people – Standard 4: Your environment.

**This recommendation was made on 20 May 2016.**

## Action taken on previous recommendation

The recommendation made in the last inspection report regarding the need to enhance the appearance and accessibility of the garden at the front of the building remained unmet.

## 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	
16 Dec 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
20 May 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
11 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
23 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
4 Feb 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
9 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
7 Apr 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
8 Oct 2013	Unannounced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
4 Apr 2013	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	3 - Adequate
16 Nov 2012	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 May 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Jan 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
22 Sep 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	1 - Unsatisfactory
		Management and leadership	1 - Unsatisfactory

Date	Type	Gradings	
11 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
11 May 2010	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Nov 2009	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
17 Jun 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Sep 2008	Unannounced	Care and support	Not assessed
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
2 Mar 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
10 Jun 2008		Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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