

## Canniesburn Care Home Service

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Bearsden  
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Type of inspection: Unannounced  
Inspection completed on: 6 June 2017

**Service provided by:**  
Canniesburn Carehomes Ltd.

**Service provider number:**  
SP2007009284

**Care service number:**  
CS2003010438

## About the service

Canniesburn Care Home is located in a residential area of Bearsden, East Dunbartonshire. The care home is owned by Canniesburn Carehomes Ltd.

This service registered with the Care Inspectorate on 1 April 2011.

Canniesburn Care Home is registered to provide care and support to no more than 115 older people, who are frail and/or have dementia.

Accommodation is located over two floors. All bedrooms are single and have an en-suite toilet with wash hand basin. A few bedrooms have a shower. Shared bathrooms are available, as well as lounges and dining rooms.

There are two conservatories leading to the garden at the rear of the care home and a café area with conservatory at the front of the building.

The accommodation is sub-divided into six units within the care home, three on the ground floor and three on the first floor. One unit on the first floor was closed for refurbishment.

There were 85 residents present at the time of inspection.

The aims and objectives of the provider were stated as follows:

"The Management and Staff, shall meet all your assessed needs, in relation to accommodation, meals, activities, support, care, including, where applicable, nursing care. We aim to meet each Service User's identified physical care, their social care, psychological and spiritual care."

## What people told us

We issued 19 questionnaires for residents and 10 were returned.

We issued 19 questionnaires for relatives and 8 were returned.

During the inspection, we spoke with three residents and seven relatives.

Overall, the feedback was very positive with no major concerns raised. People told us they were very satisfied with the quality of care and support provided. There was confidence expressed in the staff and management of the service.

Some questionnaires indicated people did not feel they were asked for their opinion on how the service could improve. This is an area the service should develop further. One relative felt the evening meal was too close to the afternoon tea and this affected how well people ate.

## Self assessment

Services are not being asked to complete a self-assessment in this inspection year 2017/18. Discussion took place about the service's development plan and the manager had started to use this as a tool for tracking and monitoring service improvement.

## 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

## Quality of care and support

### Findings from the inspection

Overall, we heard very positive comments from relatives about care and support provided by the service. There was a calm atmosphere and staff were attentive to residents needs.

We carried out a period of observation in Argyle unit. We saw some kind and compassionate staff interactions with residents. Staff clearly knew the residents well and this helped them know what actions to take to prevent stress or distress occurring. A pictorial care plan gave some guidance to staff but this was limited. Distress reaction forms were in use but these were yet to show a clear link with improved care plans and recognition of what actions to take to anticipate and reduce distress. The term "behaviour care plan" is outdated and should be reviewed. See recommendation 1.

We sampled several personal plans and, in general, these gave some good details as to how to support residents with their individual needs. We also noted some areas of duplication, a lack of details in some areas and some recording systems which were not being used effectively; for example, two dependency assessments, two types of falls assessment and a record of deterioration, without clear links to advance care plans. This meant there were parts of the personal plans which were not being used to ensure good outcomes and this needed review and refinement. See recommendation 2.

The medication records showed quantities of medications supplied, administered and returned were mostly recorded well. However, some closer spot checking was needed to ensure a more accurate audit trail. Two residents had medications disguised in food or drink. There were records to show this had been agreed as being in their best interest but specifically which medications and the method of disguise should be made clearer to the staff member administering to ensure consistency and safety. The staff member administering medicated creams should also be the person who signs the record. This improves accountability and makes the record more accurate. See recommendation 3.

There were activities provided which some residents could take part in and efforts were made to provide tailored activities for others. There were separate records used by activity and care staff which were not joined up. This meant there was not a team approach to ensure the best outcomes. A review of this system should be carried out to ensure better use of best practice resources. See recommendation 4.

A system of six monthly reviews of personal plans was in place but evidence of involvement of resident or legal representative was patchy; for, example a lack of signed consents, agreement to care plans and use of specific equipment. See recommendation 5.

The mealtime observed was well managed and residents were assisted in a dignified way. We noted the standards of table ware and surroundings could be improved for residents in the upstairs units. Monitoring of weights and hydration needed improvement to ensure better outcomes especially for residents in Argyle unit. See recommendation 6.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 6

1. The service provider should ensure residents with stress/distress reactions have a more targeted assessment to identify actions to reduce or prevent occurrence. The terminology used in care plans should be updated to reflect best practice.

National Care Standards for care homes for older people – Standard 5.4: Management and staffing arrangements.

2. The service provider should review the content and layout of personal plans to reduce duplication and ensure effective support plans are in place. This should include a focus on advance care plans, falls prevention plans and use of pressure reducing mattress or cushions.

National Care Standards for care homes for older people – Standard 6: Supporting arrangements.

3. The service provider should further improve medication management records by:

- spot check to ensure accurate quantities of medication are recorded/tracked.
- make explicit which medications are to be disguised and what method is to be used for covert medications.
- ensure the staff member who administers medicated creams signs a record.

National Care Standards for care homes for older people – Standard 15.6: Keeping well – medication.

4. The service provider should continue to develop a team approach to help residents with dementia engage with meaningful activities which are individual and appropriate to them.

National Care Standards for care homes for older people – Standard 5.4: Management and staffing arrangements.

5. The service should continue to develop methods of gaining feedback from residents and relatives. This should include more meaningful involvement in care planning, the review process and more public response to common concerns raised; for example, using a You Said/We Did board.

National Care Standards for care homes for older people – Standard 11: Expressing your views.

6. The service provider should improve the system used to monitor food and fluid intake. Residents with food and fluid charts should have these checked regularly to ensure high calorie food is provided regularly in keeping with food fortification plans and a clear fluid target is set. A summary of whether targets have been met or not met could be developed to ensure actions are taken appropriately.

National Care Standards for care homes for older people – Standard 13.6: Eating well.

**Grade:** 4 – good

## Quality of environment

### Findings from the inspection

Overall, the surroundings were pleasant and environment well maintained. The ground floor lounges, café area and gardens were of a high standard.

We walked around all communal areas of the building and sampled some of the bedrooms. We found all areas were clean and tidy. Some greater attention to cleaning was needed to the underside of sinks and bathing equipment.

Refurbishment of the bathrooms meant improvements were seen. This made them easier to clean and the appearance was better. Some more homely items were still to be put in place.

The corridor carpet in the downstairs units had been replaced and this also improved the appearance.

An audit of the environment had been carried out but this had not fully identified areas of improvement to help people with dementia. For example, involvement in everyday activities, such as washing up, requires facilities to be installed to allow this to happen. This audit should be repeated after further dementia training has been provided to ensure a more robust action plan is developed. See recommendation 1.

Although bathing facilities were available, there was only one wet floor shower identified for the whole home. A shower chair was not available for easy use of more dependent residents. An action plan should be developed to further increase the choice and ease of use of bathing and showering facilities. See recommendation 2.

One of the dirty utility "sluice" rooms lacked a hand wash sink. This should be installed to improve infection control. The disposal of pad waste and laundry on the top floor also needed further consideration to reduce "through traffic" with resulting noise disturbance in Argyle unit. See recommendation 3.

Maintenance of extractor fans and the washer/disinfector machines was not being carried out. These should be added to maintenance records. See recommendation 4.

Issues of audibility and compatibility of sensor equipment were still an issue affecting the use of the nurse call system. Management were aware of this issue. New buzzer leads had been purchased but were not yet in use. Further review and improvement is needed to ensure a more suitable nurse call system is available. See recommendation 5.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 5

1. The service provider should continue to develop the environment to be as dementia friendly as possible.

National Care Standards for care homes for older people - Standard 4.2: Your environment and Standard 5.4: Management and staffing arrangements.

2. The service provider should increase the choice and ease of use of bath and shower facilities within the home. This should include the provision of a supportive shower chair.

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

3. The service provider should install a hand wash sink in the dirty utility room and review the pad disposal and laundry storage areas in order to reduce "through" traffic in Argyle unit and improve infection control.

National Care Standards for care homes for older people - Standard 4.2: Your environment.

4. The service provider should ensure extractor fans and washer/disinfector machines are maintained appropriately.

National Care Standards for care homes for older people - Standard 4.2 Your environment.

5. The service provider should seek to improve the nurse call system so it is more compatible with passive alarms and other assistive technology. If a resident cannot use the standard nurse call system alternative options should be considered to ensure safety.

National Care Standards for care homes for older people - Standard 9.4: Feeling safe and secure.

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

We spoke with a range of staff during the inspection, who told us they felt involved with making improvements and they could make suggestions. Many spoke positively about their enjoyment of working at Canniesburn.

There were regular coaching sessions and supervisions were taking place. This helped to ensure staff were meeting standards expected.

With reduced numbers of residents present in the home the staffing levels had been maintained and we observed staff to be able to deal with residents needs well.

We received 19 completed questionnaires from staff. These indicated there was good awareness of key policies and training needs were being met. Several commented on improved staff morale and good support from management.

A small number of staff indicated they did not have a chance to have a one to one talk with their line manager about their job and some had not had regular staff supervision. This should be more regular and sustained. See recommendation 1.

Although some staff had started dementia training, this was still developing. Most residents have dementia and so it is important for all staff to progress with this training. The promoting excellence framework is a free training resource which is recommended for care home staff. See recommendation 2.

We heard there could be a variation in how competent staff were and this could affect outcomes for residents. Ways of developing more formal competency testing should be developed to improve quality of staff.

We checked staff recruitment and found some greater attention was needed to the quality of references received. This is an important part of safe recruitment of staff and additional references could be requested if need be.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service provider should ensure staff regularly have one to one time to talk about their job and ensure they are meeting best practice outcomes for residents.

National Care Standards for care homes for older people - Standard 5.2: Management and staffing arrangements.

2. The service provider should ensure staff have more dementia training and use best practice resources available.

National Care Standards for care homes for older people - Standard 5.4: Management and staffing arrangements.

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

The care home was more settled and management were taking steps to make further improvements.

A regular validation audit was in use which picked up on issues. This resulted in an action plan which used best practice and provided a good framework.

A range of audits were in place to monitor the quality of the service. Some systems in use were not always as effective as they could be. Ongoing review to consider quality and outcomes could develop and stream line these where possible.

Management had an overview of accidents and incidents. This system could be further improved by the separation of accidents and incidents on the reporting forms and show clearly what steps have been taken to prevent re-occurrence. Tracking of one incident showed poor use of systems and lack of risk assessment. The use of a visual aid in the form of the safety cross appeared to lack any resulting benefit and this should also be reviewed. See recommendation 1.

Staff registration with the Scottish Social Services Council was being monitored. As some dates are due to expire, staff reminders may need to be carried out in time to ensure renewal can take place.

An overall home development plan was in the early stages of production. This replaces the previous self-assessment and should be used to help identify priorities for the home and drive improvement.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The service provider should seek to further improve quality assurance systems and leadership of staff to consider any gaps in audits and effectiveness of systems. Analysis should shape future improvement plans.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

**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 incident analysis takes place to ensure learning points are identified and improvements are made.



This is in order to comply with SSI 2011 Regulation 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 takes into account the records that care services must keep.

**This requirement was made on 7 July 2016.**

#### Action taken on previous requirement

We examined accident and incident reports and noted there was an improved overview available to management. However, there were still some issues regarding risk assessment and an incident follow up which was not well recorded. A recommendation has been made in this report to further develop this area.

**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 service should continue to develop methods of gaining feedback from residents and relatives. This should include more meaningful involvement in care planning, the review process and more public response to common concerns raised; for example, using a You Said/We Did board.

National Care Standards for care homes for older people – Standard 11: Expressing your views.

**This recommendation was made on 7 July 2016.**

#### Action taken on previous recommendation

There was no change seen since the last inspection.

This recommendation is not met.

#### Recommendation 2

The service provider should ensure residents with stress/distress reactions are assessed to identify triggers and actions to reduce occurrence. If "as required" medications are used the situations should be specified, use kept to a minimum and reviewed.

National Care Standards for care homes for older people – Standard 5.4: Management and staffing arrangements and Standard 15.8: Keeping Well – medication.

**This recommendation was made on 7 July 2016.**

## Action taken on previous recommendation

Training had commenced but it was in the early stages. Care plans were very limited and referred to a "behaviours management plan". This wording could be improved. There were monitoring charts used to record stress/distress to help establish triggers and diffusers. There were some service users observed to experience stress with very positive intervention from staff to help reduce this. Staff were observed to be more proactive and intervene to diffuse situations. However, there were also times when a lack of engagement was observed. There is still work to be done to improve this area. This will be monitored at future inspections.

This recommendation is met.

## Recommendation 3

The service provider should ensure care staff help residents with dementia engage with meaningful activities which are individual to them. Planning for this should develop to ensure times of the day are made available particularly in the evening when stress/distress may be predicted.

National Care Standards for care homes for older people – Standard 5.4: Management and staffing arrangements.

**This recommendation was made on 7 July 2016.**

## Action taken on previous recommendation

We checked activity records held in the lounges and found these were in use. Activity organisers provided some "set" or one to one activities but we could not see how care staff were focusing on this. Overall, improvement was still needed.

This recommendation is not met.

## Recommendation 4

The service provider should ensure nurse call systems are checked regularly to ensure they are in good working order. If a service user cannot use the standard buzzer cord, alternatives should be considered to ensure help can be requested appropriately.

National Care Standards for care homes for older people – Standard 9.4: Feeling safe and secure.

**This recommendation was made on 7 July 2016.**

## Action taken on previous recommendation

The nurse call system was noted to be of low volume and not audible in all areas. Sensor alarms had been put in place for some individual who could not use the standard nurse call system. However, these were not wired into the main system and provided a local alarm only. There was a lack of buzzer cords and, although new ones had been purchased, these had not yet been put in place. Care plans did not sufficiently identify what system was put in place should a service user be unable to use the standard nurse call system and this was not risk assessed or followed up by care staff.

This recommendation is not met.

**Recommendation 5**

The service provider should ensure more detailed falls prevention plans are put in place for service users at risk of falls. This should take account of best practice; for example, using the multi-factorial falls risk assessment contained within the managing falls and fractures resource for care homes.

National Care Standards for care homes for older people – Standard 9.1: Feeling safe and secure.

**This recommendation was made on 7 July 2016.**

**Action taken on previous recommendation**

The falls risk assessment document in use could be further improved as it was not comprehensive and being used to best effect. Falls were monitored and referrals made to the falls team. On this visit, we had no concerns about falls management. There is still work to be done to improve this area. This will be monitored at future inspections.

This recommendation is met.

**Recommendation 6**

The service provider should ensure residents safety and dignity by:

- making sure no toiletries are shared.
- making sure toiletries are stored safely in bedrooms.
- ensure spot cleaning takes place appropriately and mops are not left in water.
- ensure bathrooms are kept free from clutter, repairs are made to shelving and a more homely environment is created.

National Care Standards for care homes for older people – Standard 4.2: Your environment.

**This recommendation was made on 7 July 2016.**

**Action taken on previous recommendation**

We saw no evidence of sharing of toiletries and those in use were stored appropriately.

Bathrooms were in progress with refurbishment which improved standards.

This recommendation is met.

**Recommendation 7**

The service provider should continue to develop the environment to be as dementia friendly as possible.

National Care Standards for care homes for older people – Standard 4.2: Your environment and Standard 5.4: Management and staffing arrangements.

**This recommendation was made on 7 July 2016.**

**Action taken on previous recommendation**

An audit had been carried out and work was in progress to improve the environment further.

This recommendation is met.

## Recommendation 8

The service provider should ensure all residents have regular reassessment of their nursing needs by a nurse and this can be seen clearly in the personal plan. Roles of nurses and senior carers should be reviewed to ensure clarity of responsibility.

National Care Standards for care homes for older people – Standard 5.7: Management and staffing arrangements.

**This recommendation was made on 7 July 2016.**

### Action taken on previous recommendation

Staff we spoke with were clear about their roles and responsibilities.

This recommendation is met.

## Recommendation 9

The service provider should ensure communication between shifts improves; for example, by improving the information on a written handover.

National Care Standards for care homes for older people – Standard 5.4 Management and staffing arrangements.

**This recommendation was made on 7 July 2016.**

### Action taken on previous recommendation

The handover sheet in use had improved. Staff told us communication had improved and relatives also told us they felt staff had sufficient information to carry out care for their relatives.

This recommendation is met.

## Recommendation 10

The service provider should seek to further improve quality assurance systems and leadership of staff to consider any gaps in audits and reasons why standards have not always improved. Analysis should shape future improvement plans.

National Care Standards for care homes for older people – Standard 5: Management and staffing arrangements. You experience good quality support and care. This is provided by management and staff whose professional training and expertise allows them to meet your needs.

**This recommendation was made on 7 July 2016.**

### Action taken on previous recommendation

The quality assurance system comprises a report of key performance indicators but there was a lack of action plan and many gaps still exist. This needs more development.

Overall, there was positive feedback from service users who could express a view. A more regular satisfaction survey and wider consultation would contribute to improved quality assurance systems.

This recommendation is not met.

## 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	
1 Feb 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
22 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Nov 2015	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
24 Sep 2015	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Jun 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
5 Sep 2014	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
28 Apr 2014	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Oct 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
31 May 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	2 - Weak
13 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Jul 2012	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
9 Nov 2011	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
17 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
20 Sep 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
9 Sep 2010	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
11 May 2010	Announced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
10 Nov 2009	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
21 May 2009	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
17 Dec 2008	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
17 Jul 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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