

Avonbridge Care Home Care Home Service

50 Old Avon Road
Hamilton
ML3 7BT

Telephone: 01698 283366

Type of inspection: Unannounced
Inspection completed on: 2 June 2017

Service provided by:
Larchwood Care Homes (North) Limited

Service provider number:
SP2011011695

Care service number:
CS2011301120

About the service

Avonbridge Care Home is situated in a quiet residential area of Hamilton and provides care and support for up to forty-one older people with physical and cognitive impairment. The service was registered with the Care Inspectorate in 2011 and is one of six homes in Scotland run by Larchwood Care Homes (North) Limited.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. Both floors have communal bathrooms, recently refurbished to a high standard.

There are two communal dining rooms and lounges on the ground floor with access into the enclosed garden area.

Avonbridge describes its philosophy as 'wanting everyone to enjoy life to the full, and are mindful that all residents are individuals and treat them with dignity, privacy and respect offering freedom of choice and as much independence as possible'.

At the time of this inspection there were forty people living in the home.

What people told us

Prior to this inspection we issued thirty care standard questionnaires to residents, relatives and carers. At the time of this inspection eleven had been returned, ten of which strongly agreed and one agreed that overall they were satisfied with the standard of care and support provided. During the inspection we spoke to thirty-two residents and eight relatives/carers. The majority of feedback we received was positive in relation to staff practice and standard of care provided. Concerns raised over the lack of outings and lift breakdown have been included within this report.

Self assessment

The last self-assessment was submitted following a request from the Care Inspectorate in October 2016. We also spoke to the manager about 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	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Residents and relatives spoke positively of the staff and we saw some nice staff interaction.

The provider had introduced new care plan documentation which staff had experienced difficulty implementing. This had resulted in a combination of old and new paperwork in use which was out of date, incomplete and lacked all the relevant information on current healthcare needs and risk assessments for each individual. We

were concerned at the lack of information available in these care plans as well as staffs' complacency in ensuring these legal documents were completed, kept up to date and reviewed regularly (see requirement 1).

We looked at the management of medication. Medication audits were regularly completed, however issues identified were continually repeated (see recommendation 1).

We found poor standards of record keeping. Staff displayed a lack of knowledge and accountability with regard to residents welfare by ensuring they received their medication as prescribed. We found poor standards in the recording of stock control with inconsistencies in records to demonstrate if individuals were actually receiving their prescribed medication. We found medications out of stock, gaps in staff signing as having given medication and staff providing medication in a disguised form with no perception of the legislation surrounding this (see requirement 2).

A new dependency tool had just been introduced therefore we were unable to assess how effective this was. Staff appeared to be constantly busy, lacked direction and had little time to interact socially with people. We observed nurse call systems unanswered for long periods resulting in residents becoming distressed, shouting or wandering in corridors looking for assistance. This demonstrated a lack of dignity, respect and choice. The lack of staff presence in lounges and dining rooms at mealtimes resulted in residents being left for long periods, some in wheelchairs, unattended with little staff interaction. We observed the dining experience which was poor for those requiring additional one to one support. We saw poor hygiene and infection control standards from staff serving meals demonstrating a lack of knowledge, competence and respect for residents (see requirement 3).

Activities took place within the home, local nursery and external entertainment was provided, however we were concerned to find the minibus had remained unused since the previous inspection as no one would agree to drive it. The provider continues to promote "many outings alongside a full activity programme should residents wish to participate ". This inaccurate information and lack of progress to find a driver in the past year has resulted in lack of choice and social interaction for residents within the local community (see recommendation 2)

Requirements

Number of requirements: 3

1. The provider must ensure the health and welfare of residents. To do this they must implement a system to ensure that all care plans are fully completed using the new documentation. All staff who are responsible for completing and updating these plans must receive training and support on how to complete and evaluate these correctly within an achievable timeframe..

All plans must include a description of each service users' current healthcare needs, how these present and how staff are expected to effectively manage and support these needs. Where risk is identified this must include information on how staff are expected to manage and minimise the risk, and include information about the care and support interventions required to support individuals who are anxious/distressed. All of which must be fully reviewed and evaluated at least once in every six month period to reflect changing needs and inform care planning.

This is in order to comply with;

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI2011/210) Regulations 5(1) (2)(b) Personal plans

Timescale: to be completed by 30 September 2017.

2. The provider must ensure the health and welfare of residents. To do this they must ensure the following:

- medicines, including creams and ointments, are administered as instructed by the prescriber, in order to achieve this, they must ensure that medication is available at the care service at the time it is due for administration.
- a complete, accurate and consistent auditable record of all prescribed medication entering, administered or destroyed, and leaving the service. The audit trail and stock control should be enhanced by recording on the MAR the amount of medication carried forward to the start of each new cycle.
- there is current up to date information regarding the legal status of individual residents supported by certificates detailing the powers and who has the legal authority to make decisions on the individuals behalf including appropriate documentation to support residents who lack capacity with evidence of consultation with relevant parties and are signed and reviewed regularly by the relevant authorities and practitioners.

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 and regulation 15 (b)(i) - Staffing.

Timescale: to be completed by 30 September 2017

3. The provider must ensure the health and welfare of residents by completing regular dependency assessments taking into account the layout of the home, residents who experience episodes of anxiety and distress, residents who require additional staff support due to physical and cognitive disability or when receiving end of life care. The assessment must also take into account the social and recreational needs and preferences of all residents. The daily staffing levels should fluctuate on a daily basis in order to meet each individuals physical, psychological and recreational needs and choice.

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 15 (a) Staffing.

Timescale; to be completed by 30 September 2017.

Recommendations

Number of recommendations: 2

1. The manager should ensure that areas for improvement identified throughout the medication auditing process continue to be addressed with staff individually through supervision and discussion with the manager. This will ensure that staff practice is continually assessed to ensure they remain competent and knowledgeable in their role.

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

National Care Standards 15 Care Homes for Older People – Keeping Well – Medication

2. The service should implement a system to ensure that all residents have the choice to go out with the home to maintain links with the local community or participate in outings, events and local attractions. Where residents have requested to go on an outing the provider should ensure arrangements are made to support any such requests.

This is in order to comply with;

National Care Standards Care Homes for Older People Standard 17 Daily Life.

Grade: 2 – weak

Quality of environment

Findings from the inspection

The recent refurbishment of the communal toilets and bathrooms has had a positive impact on the service by improving these facilities regularly used by residents. This needs to progress and continue throughout the home and gardens to ensure all residents are provided with a comfortable and homely living space to relax and enjoy.

Maintenance issues were recorded by staff and actioned by the maintenance person who also conducted a variety of safety checks throughout the home. Some satisfactory safety checks of equipment were in place, however others were stored online which we were assured were up to date, however this evidence was not provided at the inspection (see recommendation 1).

Signage was minimal and lighting dull in some areas, posing a risk of trips and falls to residents with visual/cognitive impairment. We found call alarms tied up, out of reach or none available for residents to summon assistance. We found doors open providing unrestricted access to medication and clinical waste. We were concerned over staffs fire safety awareness, doors were jammed open and fire escapes blocked. We shared our concerns with the local fire safety officer who visited the service and assured us that these concerns had been positively addressed by the manager. We observed the dining experience and were concerned at staffs' awareness of food hygiene standards (see requirement 1).

The service has two floors with two lifts providing access between floors. Concerns highlighted in previous reports over the continual breakdown of these lifts continue. We were assured that a new motor had been purchased for one lift which was currently not in use. We were concerned to find the second lift had also been subject to breakdown. This was having a negative impact on residents, staff and visitors, resulting in residents confined to their rooms or to a small lounge with no staff presence or means to summon assistance.

There was no contingency plan available in the event of both lifts being out of use. These ongoing issues with these lifts provide an unacceptable environment for residents residing here and must be addressed as a matter of priority (see requirement 2).

Requirements

Number of requirements: 2

1. The provider must continue with the refurbishment and maintenance programme, including the upgrading of the decor, furniture, fabric, fixtures and fittings of the interior and exterior of the care home.

There must be a full environmental audit carried out to identify areas requiring refurbishment especially residents bedrooms, communal areas and gardens. Also taking into account the standard of lighting and signage within the home in order to provide a positive, safe environment for residents to wander, independently and reduce the potential of injury from trips and falls. Any work identified should be accompanied with an action plan, timescales for completion and outcome recorded. This information should be shared with the Care Inspectorate, residents, relatives and to ensure they remain fully consulted and aware of continued on-going progress.

- The alert cords used to summon assistance must be available and accessible at any time in any area of the home used by residents and staff.
- All staff must receive training in dignity/respect, food hygiene, infection control, health and safety and fire awareness. This must be prioritised as part of the ongoing training plan, with competencies assessed and recorded following any training attended to improve staff practice and outcomes for residents.

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 10(2)(c)(d) Fitness of Premises, Regulation 15 (b) Staffing
Timescale for completion; by 30 September 2017.

2. The provider must provide an update of the current status of both lifts, this must include the date when the first lift is expected to be repaired and fully operational. In the meantime there must be a maintenance assessment and report carried out on the second lift and shared with the Care Inspectorate with the providers plans to address any issues identified. A contingency plan must be developed to demonstrate how residents will be supported in the event of both lifts breaking down in both the short and long-term.

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 10(2)(b) Fitness of Premises, Regulation 14 (b) Facilities in care homes.

Timescale for completion; to develop a contingency plan and provide a full maintenance report of both lifts including how the provider plans to address and have these issues fully resolved. This must be made available in writing to the Care Inspectorate by 14 July 2017.

Recommendations

Number of recommendations: 1

1. The manager should ensure that any safety checks of equipment carried out within this home are supported by the relevant certificate of compliance to ensure the home and equipment is safe and fit for purpose. These certificates should be stored within the home and be accessible and made available upon request to support any regulatory activity..

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

Grade: 2 - weak

Quality of staffing

Findings from the inspection

Since the previous inspection a new manager had been appointed who staff spoke positively of. The recently appointed chef spoke positively of recent changes made to local food suppliers resulting in an improvement in the quality of food provided.

We observed some nice staff interaction with residents who said they felt safe and were treated with respect.

We looked at the recruitment files and were satisfied they contained all the relevant information and appropriate safety checks, including current registration details with the relevant regulatory body.

Supervision had commenced with future dates planned, training was available both face to face and through eLearning. The records we saw demonstrated some training was out of date.

Staff meetings were poorly attended, staff stated they felt these meetings were negative and felt lack of motivation in attending these.

We saw staff were busy and at times the nurse call was unanswered for long periods of time. Staff told us that they felt under increased pressure to meet peoples needs due to increased dependency.

Staff morale appeared low and this was evident when speaking to and observing communication and interaction between the staff team. There was lack of direction, communication and forward planning. This had a negative impact for residents demonstrating lack of responsive care and support.

We observed a staff handover, daily routine and dining experience. Staff appeared disorganised and lacked leadership and direction. We found that the areas of concern we have highlighted throughout this report in relation to staff practice had been covered in various training sessions. The practice and interaction we observed demonstrated poor knowledge and competency and lack of impact and understanding in any training attended. We were concerned at the poor standard of record keeping and medication management despite training and supervision. Each staff member has a professional code of conduct and or practice to adhere to in order to safe guard and care for residents in the home. There was an obvious lack of staffs' awareness of their professional accountability which was having a negative impact on residents (see requirement 1).

Requirements

Number of requirements: 1

1. The provider must formally assess and evaluate each staffs competency levels as part of a regular formal assessment of their practice. This will identify where staff need further training and support. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice.

Training around food hygiene, infection control, dignity and respect, dementia/distressed behaviour, care planning, medication management, fire awareness and health and safety must be prioritised. Following training and additional support, where staff continue to demonstrate lack of competency and professional accountability

there must evidence of actions taken to address these issues within the service and with the relevant professional regulatory body.

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 15(b)(I) Staffing Timescale: to be completed by 30 September 2017

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

We acknowledge that since the previous inspection the service have experienced a change in management. However we remain concerned at the lack of progress which has resulted in a reduction of grades over all quality themes. Failure to ensure progress over all quality themes will result in the Care Inspectorate considering further action to ensure the safety and welfare of all residents.

Due to the concerns highlighted within this report the provider must ensure the manager and staff are fully supported in order to achieve the required improvements. (see requirement 1)

We saw the complaints procedure and evidence that any complaints/concerns recorded within the service were being dealt with appropriately.

Audits were being completed regularly by the manager and senior management team and continued to highlight the same issues repeatedly.

The manager had started a staff supervision programme and was trying to address concerns in these sessions as well as through staff meetings. However this was having little impact in improving the poor standards of record keeping and practice issues identified.

As part of this inspection we looked at how the service managed residents finances. We were concerned at the lack of knowledge of how finances should be managed under Part 4 of the Adults with Incapacity (Scotland) Act 2000. This lack of understanding had resulted in inaccurate records of current balance and explanation of individual expenditure (see recommendation 1)

The accident/incident records provided evidence of a high level of unobserved falls and throughout our inspection we continued to find lack of staff presence in the communal lounges. We discussed the need to reassess the dependency levels and review the current staffing schedule to reflect the changing needs and higher dependency of the residents now residing within this home. There was lack of detail in the reports and follow-up to accidents in order to demonstrate any changes in the persons needs and how this was then managed (see requirement 1).

We were concerned over staff' awareness of the storage and disposal of confidential information and lack of notifications from the service to inform us of any notifiable events. We discussed the protocol for these concerns with the manager and will continue to monitor between inspections.

Requirements

Number of requirements: 1

1. The service must ensure all staff are aware of the procedure for completing accident/incident forms and why the accurate completion of these are important. The forms must include any follow-up action required or reference to where this information is recorded. Any action required must be implemented in order to prevent and minimise the risk and reduce a recurrence.

This is in order to comply with; The Social Care and Social Work Improvement Scotland(Requirements for Care Services)Regulation 2011(SSi2011/210)Regulation 4(1)(a) Welfare of Users.
Timescale: for completion by 30 September 2017.

Recommendations

Number of recommendations: 1

1. The service should ensure that all staff including the manager receives training and support on how to manage and accurately record financial transactions for individuals who lack capacity and require their finances to be managed under the Adults with Incapacity (Scotland) Act 2000 Part 4.

This is in order to comply with;
Adults with Incapacity (Scotland) Act 2000 Part 4 Management of Residents Finances
National Care Standards Care Homes for Older People Standard 5 Management and Staffing Arrangements.

Grade: 2 - weak

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 topical medications provide clear instructions on where they have to be applied. They must be applied at the times and frequency as prescribed by the GP and recorded accurately to demonstrate this and evaluated in the relevant section of the care plan to provide evidence of any improvement/deterioration and further action taken.

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 and regulation 15 (b)(i) - Staffing.

Timescale for implementation: to commence upon receipt of this report and be completed by 31 December 2015.

This requirement was made on 3 June 2016.

Action taken on previous requirement

Please refer to Quality Theme 1 for further information on this requirement.

Not met

Requirement 2

The provider must continue with the refurbishment and maintenance programme, including the upgrading of the decor, furniture, fabric, fixtures and fittings of the interior and exterior of the care home.

There must be a full environmental audit carried out to identify areas requiring refurbishment taking into account the standard of lighting in all rooms and communal areas to ensure it is of a suitable standard to prevent trips and falls. Any work identified should be accompanied with an action plan, timescales for completion and outcome recorded. This information should be shared with the Care Inspectorate, residents, relatives and to ensure they remain fully consulted and aware of continued on-going progress.

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 10(2)(b)(d) Fitness of premises. Regulation 4 (1)(a)(d) - Welfare of Users.

Timescale for implementation: to commence upon receipt of this report with the environmental audit concluded by 31 December 2015 demonstrating work planned and on-going progress within the timescales identified within the audit.

This requirement was made on 3 June 2016.

Action taken on previous requirement

Please refer to Quality Theme 2 for further information on this requirement.

Not met

Requirement 3

The following requirement was made following a complaint investigation completed in June 2016.

The service provider should keep an accurate record of all complaints received and ensure that all complaints are fully investigated in accordance with the service providers complaints handling policy.

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 18(3) and (7).

This requirement was made on 15 June 2016.

Action taken on previous requirement

We looked at how the service recorded and managed complaints and were satisfied from the evidence we were presented with that this requirement has been met.

Met – within timescales

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

Previous recommendations

Recommendation 1

Care plans should contain up to date information on how staff are expected to safely and effectively manage situations where people are displaying distressed behaviour and anxiety.

The information recorded should contain details on contributory factors, the behaviour displayed and how staff can deal with this in a person centred way to provide a positive outcome for the individual concerned. All up to date information should be recorded under the relevant sections, including information on current medical issues, how these affect the individual and how staff should manage and provide the appropriate support to the resident.

National Care Standards, Care Homes for Older People, Standard 6: Supporting Arrangements.

This recommendation was made on 3 June 2016.

Action taken on previous recommendation

This recommendation has not been met and has now been included within a requirement please refer to Quality Theme 1 for further information on this recommendation.

Recommendation 2

The manager should ensure that areas for improvement identified throughout the medication auditing process continue to be addressed with staff individually through supervision and discussion with the manager. This will ensure that staff practice is continually assessed to ensure they remain competent and knowledgeable in their role.

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

National Care Standards 15 Care Homes for Older People – Keeping Well – Medication

This recommendation was made on 3 June 2016.

Action taken on previous recommendation

This recommendation has not been met, please refer to Quality Theme 1 for further information.

Recommendation 3

The following recommendation was made following a complaint investigation completed in March 2017

Inspection report

The service provider should ensure the home is cleaned to a high standard and any odours are eliminated. This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

This recommendation was made on 9 May 2017.

Action taken on previous recommendation

At this inspection we found the home clean and odour free, rooms and communal areas were tidy. This recommendation has been met.

Recommendation 4

The following recommendation was made following a complaint investigation completed in March 2017. The service provider should ensure there has been an agreement with family and the service concerning their relatives care and support all staff responsible for the residents care ensure the family and or representative are kept up to date on a regular basis. This is in order to comply with National Care Standards Care Homes for Older People Standard 6 Support Arrangements

This recommendation was made on 9 May 2017.

Action taken on previous recommendation

This recommendation has not been met, please refer to Quality Theme 1 for further information.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
17 Nov 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
14 Apr 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Oct 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
8 Apr 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
10 Apr 2014	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good
15 May 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
16 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	4 - Good

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