

Cumbræ House Care Home Service

4-18 Burnbank Terrace
Glasgow
G20 6UQ

Telephone: 0141 332 5909

Type of inspection: Unannounced
Inspection completed on: 30 June 2017

Service provided by:
Oakminster Healthcare Ltd

Service provider number:
SP2003002359

Care service number:
CS2010270797

About the service

Cumbræ House care home is registered to provide nursing care and support for a maximum of 65 older people. On the day of the inspection, there were 61 people using the service.

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

The accommodation comprises of three floors, each with their own lounge/dining areas and are accessible by a lift.

All bedrooms are single with en-suite shower facilities.

The home is situated within a residential area, has a car park and secure garden area to the rear. There are shops and other facilities nearby.

The home aims to provide 'the highest standard of care and to do everything to make people's stay as pleasant and as comfortable as possible'.

What people told us

We received four completed care standards questionnaires from individuals using the service and spoke with nine of them during the course of our inspection. Overall, they indicated that they were happy with all aspects of the service. One individual advised they felt restricted at times and that there were not always enough trained and skilled staff on duty to meet their care needs.

The following are some of the comments made by the people we spoke with on the day of the inspection:

'I've lived here a long time, it's quite good'.

'I'm getting looked after fine, the girls are really good'.

'My meals are fine, I eat what I get'.

'I find the girls alright, they drop in to say hi'.

'Its fine here, being looked after very well, quite happy here'.

'On the whole we are looked after very well, don't like being taken to the toilet during the night'.

Self assessment

We did not ask the service to submit a self-assessment prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
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

We saw that people living in the home were generally relaxed and comfortable. Good relationships had been formed between them and we saw examples of friendly and caring engagement between people.

When we were talking with people, we could see that some people needed more support in relation to their personal hygiene, including nail, eye and hair care to make sure their dignity was maintained.

People could choose where they ate their meals. We saw people enjoying their meals in lounges or their bedroom as well as the main dining room. Staff were generally attentive to people's needs; for example, we saw some staff sitting with people to help them eat and drink.

Personal plans and care documentation viewed showed risk assessments had been completed but care plans had not been developed to guide and support staff on how best to care and support each person. We have repeated requirement one from the previous report (see requirement 1).

Staff advised us they had been working with a high turnover of agency staff which had led to inconsistency in recording and monitoring of individuals' wellbeing.

Food and fluid charts sampled showed gaps in recording and did not always show that people had had enough to eat and drink during the day (see requirement 2).

Although activities were taking place, several people we met spent a lot of time sitting or sleeping in the one place and it was hard to see that everyone had the right support during each day to be involved in meaningful and purposeful activities. We have made a recommendation about this (see recommendation 1).

We saw that records in relation to the administration, storage and dispensing of medication had gaps in recording and best practice was not being followed (see requirement 3).

Detailed care plans for activities had been completed for all residents.

Staff were observed to be hard working and respectful.

Requirements

Number of requirements: 3

1. In order to meet the care needs of the residents, personal plan information and related care documentation must be up to date, accurate and reflect that residents are receiving their planned care. This includes relevant consultation and consent for any forms for any forms of restraint used.

This is in order to comply with SSI 2011/201: Regulation 4 - Welfare of service users and Regulation 5 - Personal plans.

Timescale: to be completed by 30 August 2017.

2. The provider must ensure that residents daily fluid and nutritional intake are met effectively, In order to achieve this, the provider must:

- (i) Ensure that food and fluid charts are completed correctly and accurately.
- (ii) Ensure that there is documented evidence within care planning on action taken when residents are not achieving their targeted daily requirements.
- (iii) Ensure that staff have a clear understanding of accurate recording in relation to residents hydration and dietary monitoring.

This is in order to comply with SSI 2011/210: Regulation 4 (1) (a) - Welfare of service users.

Timescale: to be completed by 30 August 2017.

3. In order to meet the care needs of the residents, medication storage, administration and recording should be fully completed and accurate in line with best practice guidance.

This is in order to comply with SSI 2011/210: Regulation 4 (1) (a) - Welfare of service users.

Timescale: to be completed by 30 July 2017.

Recommendations

Number of recommendations: 1

1. The provider should make sure that more support is available to everyone living in the home in relation to daily activities.

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

Grade: 3 - adequate

Quality of environment

Findings from the inspection

Decorating of the service had commenced on the ground floor.

The estates manager had commenced an inventory for any movable assets within the care home.

Maintenance staff were well organised, knowledgeable and attentive to what needed completed.

As per organisational policies and procedures, environmental paperwork should be signed off monthly by the home manager.

The environment should be kept clean, free from odours and hazard free at all times.

The dementia unit lacked stimulation for individuals and we were unable to differentiate it to any other unit (see requirement 1).

Residents were encouraged to personalise their own bedrooms. Some bedrooms we visited were very personalised.

Requirements

Number of requirements: 1

1. In order to meet the health and wellbeing of service users the dementia unit should be enhanced to offer a stimulating and interesting environment to provide positive outcomes for service users.

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

Timescale: to be completed by 30 September 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

A good range of training was available for staff and records showed that completion was at a high percentage.

Staff supervision was in the process of being carried out for all staff. There was little evidence to show discussions taking place as a result of training attended and how this had impacted on a change in staff practice (see recommendation 1).

Staff working in the dementia unit should be given appropriate training to ensure positive outcomes for residents (see requirement 1).

A professional visiting the home told us that staff were responsive to residents needs.

We found that there were some vacancies and that recruitment into these posts was underway. It was acknowledged that more agency staff were being used at this time, and it was important that there was an ongoing focus on making sure that continuity of staff was achieved as much as possible until a full staff team was re-established.

The provider should consider replacing the damaged computer that staff are required to utilise within the home to complete online training.

Requirements

Number of requirements: 1

1. The provider must ensure staff working in the dementia unit have the appropriate skills, knowledge and training to support residents with varying levels/types of dementia.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) – Welfare of service users.

Timescale: to be completed by 30 October 2017.

Recommendations

Number of recommendations: 1

1. The provider should ensure that all staff supervision takes into account how training points learned is being reflected in staff practice leading to better outcomes for residents.

National Care Standards, care homes for older people – Standard 5: Management and staffing.

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

There were a range of clear and organised systems in place to help the managers to have an up to date overview of service provision and also people's current needs and how these were being met.

The service manager was responsive to completion of Care Inspectorate notifications in a timely manner.

The service should seek the views of residents and carers on the quality of management and leadership and show how feedback has led to improvements in the service.

The care and support lead and clinical lead continued to be responsible for developing and monitoring the care and support provided by staff through audits.

We saw evidence of internal complaints being dealt with efficiently and effectively.

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

In order to meet the care needs of residents, personal plan information and related care documentation must be up to date, accurate and reflect that residents are receiving their planned care. This includes relevant consultation and consent for any forms of restraint used.

This is in order to comply with SSI 2011/210: Regulation 4 – Welfare of Users and Regulation 5 – Personal Plans.

Timescale: to start immediately and be completed within eight weeks of receipt of this report.

This requirement was made on 25 January 2016.

Action taken on previous requirement

From the personal plans and care documentation viewed we found similar issues, as reported at the last inspection, in relation to the lack of information recorded in support plans and risk assessments which should clearly and accurately reflect how residents were supported with their identified care needs. This included:

- relevant consent for the use of forms of restraint such as bedrails, sensor mats or keypads
- completed and up to date Adult with Incapacity and financial assessments as well as copies of the relevant authority documentation
- how residents were being supported with specific issues to ensure that they did not put themselves or others at risk

- care review minutes being more meaningful and outcome focused.

Staff folders showed that relevant charts which monitored residents' behaviour, skin care, fluid and food intake were not always completed as they should be therefore it was not always clear if residents' needs were being met (see requirement 1 - care and support).

Not met

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

Previous recommendations

Recommendation 1

To ensure that residents receive the medication they are prescribed, the manager should ensure that medication practice follows best practice.

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

This recommendation was made on 25 January 2016.

Action taken on previous recommendation

From the medication records and audits viewed, we found that a running total of the amount of 'as required' medication was not always being kept. The total amount of 'as required' medication should be carried forward so that staff are aware of the amount of available medication and that the required medication is always available to administer to residents.

We did not see 'as required' medication support records being completed with instructions for use, frequency and maximum dose information.

The recording of the administration of topical medication, ie., creams and ointments, continued to need improvement. Several of the records viewed did not show that the medication had been applied to residents as prescribed.

We saw that the daily medication checks were not always completed as required and the action taken or improved medication practice was not evident, from audits carried out by the service or pharmacist, as similar issues were recurring.

This recommendation has not been met and will be included in the requirement for medication in this report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
24 Feb 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
15 Jul 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
15 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
18 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
20 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Feb 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate
10 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
8 Mar 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
20 Sep 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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