care inspectorate

The Argyle Care Centre
Care Home Service

21 West Argyle Street
Helensburgh
G84 8XP

Telephone: 01436 672511

Type of inspection: Unannounced
Inspection completed on: 19 July 2017

Service provided by:
Clearvue Investments Limited

Service provider number:
SP2005007952

Care service number:
CS2005111774

HAPPY TO TRANSLATE

About the service

The original service was registered with the Care Commission in January 2006 and is registered to care for 58 older people.

The following is an extract from the service mission statement which describes its aim as:

"To give the best possible individualised person centred care in as homely, pleasant and contented environment as possible."

"Everyone will be treated with respect and sensitivity and this will be at the centre of all interaction and communication...between staff to residents, staff to each other, and with all visitors and agencies/professionals."

"We will be sensitive and adapt to residents' ever changing needs, whether that be medical, therapeutic, cultural, psychological, spiritual, emotional or social as much as we possibly can."

What people told us

We received 3 completed care standard questionnaires from individuals using the service and spoke with 8 of them during the course of our inspection. Overall, they indicated that they were happy with all aspects of the service.

We received 6 completed care standard questionnaires from relatives of the people who use the service. Two relatives felt that the standards of the cleanliness in the home had decreased, that they were not aware of who the home manager was and that staff numbers appeared low.

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

" It is fine here, we get looked after, I'm happy with everything"

" I enjoy the food very much"

" It's ok here, its fine"

" I can't remember how long I have lived here but it's fine"

" The staff are very good"

Self assessment

The service did not require to submit a self assessment as part of this inspection process.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate

Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

The service had introduced a good food group with staff and relatives as part of the homes nutrition forum.

Staff were observed to be respectful and receptive of individuals needs.

A number of staff were involved in best practice in dementia care.

We saw evidence of effective care plans for supporting individuals with stressed and distressed behaviour.

Some staff wore name badges which assisted the residents to easily identify them, the service should consider that all staff have name badges.

We observed a delay in time for people's needs being responded to in one unit. the service should consider the deployment of staff, especially during meal times (see recommendation 1)

The activity co-coordinator should be provided with training specific to her role to provide positive outcomes for Individuals (see recommendation 2)

Heated plates should be provided for individuals who take time to eat their meals to ensure it is kept at a suitable temperature.

Financial care planning should be included in individual records for all residents (see recommendation 3)

Consent for the use of equipment including alert mats, bed rails and lap straps should be available for all individuals who require these types of equipment in their care plan (see requirement 1)

Requirements

Number of requirements: 1

1. The provider should make sure that the use of restraint equipment and consent for its use is included in individual care plans as per the Mental Welfare Commission guidance on restraint - 'Rights, risks and limits to freedom'.

This is in order to comply with

SSI 2011/210 Regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: 30th August 2017

Recommendations

Number of recommendations: 3

1. Heated plates should be provided for residents who take time to eat their meals to ensure a positive dining experience.

National Care Standards, Care Homes for Older People - Standard 13: Eating Well

2. The activity co-ordinator should be provided with specific training to her role to ensure positive outcomes for individuals.

National Care Standards, Care Homes for Older People - Standard 17: Daily Life
National Care Standards, Care Homes for Older People - Standard 5: Management and staffing arrangements

3. Financial care plans should be developed in line with best practice guidance for each individual

National Care Standards, Care Homes for Older People - Standard 6: Support arrangements

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We observed bedrooms to be personalised, clean and tidy

The provider has plans in place to improve aspects of the environment

We saw evidence of consultation with resident's and relatives in relation to environmental improvements

Maintenance records sampled were complete and up to date.

In Argyle Lodge the communal lounge space is poor, as is the dining room, which does not offer sufficient space to accommodate everyone who would benefit from sitting at a table for meals. One residents bedroom is accessed directly via the dining room which does not promote dignity as the bedroom door is open during meal times. The provider plans to include these in the current refurbishment plan (see requirement 1)

The environment was free from offensive odours.

Requirements

Number of requirements: 1

1. The refurbishment should include improvements to the lounge, dining area and bedroom off the dining room in Argyle Lodge to promote individuals rights to privacy and dignity.

This is to comply with:

SSI 2011/210 10 Fitness of Premises

Timescale: 30th November 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

A high proportion of staff were SVQ2 trained.

Staff were observed to be respectful and knowledgeable of resident's needs.

Evidence sampled advised that staff meetings were taking place on a regular basis.

Plans were in place for the nursing staff to carry out supervision of care staff.

The manager should consider providing Adult Support and Protection training for all non-care staff.

The provider should recruit additional domestic staff to relieve the care staff from these duties in this 'dual role' (see recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Further domestic staff should be recruited to allow the care staff to carry out their duties without having to cover domestic duties.

National Care Standards, Care Homes for Older People - Standard 5 Management and Staffing Arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We saw evidence that regular family and residents meetings were taking place.

Relatives meetings were occurring 2 monthly and the owners made themselves available once a month within the home.

The manager had commenced monthly audits on all aspects of service delivery.

The home produced a newsletter quarterly.

Records sampled showed meeting with all departments of staff.

The manager and deputy manager are working to enhance the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

Effective care plans should be developed to support stressed and distressed behaviour in people who have support needs relating to dementia. This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Health and welfare of service users.

This requirement was made on 11 November 2016.

Action taken on previous requirement
We saw evidence that these care plans had been developed and work had commenced in completing these. We were satisfied that this requirement has been met but will follow this up at the next inspection.

Met - outwith timescales

Requirement 2

The provider should make sure staff are all aware of and implement the Mental Welfare Commission guidance on restraint - 'Rights, risks and limits to freedom.' This is in order to comply with:

SSI 2011/210 regulation 4(1)(a)-requirement for the health and welfare of service users.

This requirement was made on 11 November 2016.

Action taken on previous requirement
Discussions with staff advised they had commenced this training and knew the procedures should they be required to use it in practice.

Met - outwith timescales

Requirement 3

The lounge in Argyle Lodge needs to be improved to provide a homely, comfortable space for people to relax. This should not be sited in full view of the front door, should be spacious enough to provide varied seating arrangements and should promote the individual's rights to privacy and dignity. This is to comply with: SSI 2011/210 10 Fitness of Premises.

This requirement was made on 11 November 2016.

Action taken on previous requirement
The service provider had engaged the services of an architect and was in progress of making a plan to address the need for improved facilities in Argyle Lodge. This requirement will remain at this time. The provider advised us that they hoped all plans and work be completed by October 2017. This requirement has been repeated in this report.

Not met

Requirement 4

The provider should make adequate provision for bathing and showering in Argyle Lodge. This is to comply with: SSI 2011/210 10 Fitness of Premises.

This requirement was made on 11 November 2016.

Action taken on previous requirement
There had been problems with the drainage which we saw evidence had now been completed.

Met - outwith timescales

Requirement 5

All staff should have updated training in infection control and comply with best practice guidance. This is to comply with SSI 2011/210 4 Welfare of Users.

This requirement was made on 11 November 2016.

Action taken on previous requirement

We sampled staff training records and evidence was available that training had been completed. Our observations showed that staff were following best practice guidance in infection control.

Met - outwith timescales

Requirement 6

The provider should ensure that there are enough staff on duty in the care home. They should use the dependency assessments to plan ahead the number of staff required to meet people's assessed needs. The staffing schedule identifies minimum staffing requirements and must be adhered to and increased in response to increased needs.

SSI 2011/210 4 Welfare of users. National Care Standards 5, Care Homes for Older People - Management and Staffing Arrangements.

This requirement was made on 11 November 2016.

Action taken on previous requirement

The staffing rotas evidenced that minimum staffing levels were being met. We found records which evidence that a dependency assessment tool is being used by the service. We noted that the dependency assessment in use at the service does not take into account the layout of the building which may have a significant impact on the deployment of staff throughout the service. We have asked the provider to look at the 'dual role' of care staff covering for domestic staff as this may impact on the level of support available.

We are satisfied that the staff are meeting the minimum staffing levels and that this requirement has been met, however we have rewritten a requirement in relation to staffing form this inspection.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

There should be individual plans about each person's preferences relating to all aspects of personal care. National Care Standards 6, Care Homes for Older People - Supporting Arrangements.

This recommendation was made on 11 November 2016.

Action taken on previous recommendation

Care plans sampled contained Information in relation to personal care, was up to date and reflective of individual needs. This recommendation has been met.

Recommendation 2

An outline of how each person's preferences for outings, access to fresh air and meaningful activities will be achieved. The provider should keep records which identify when outings take place for each person on this plan. Currently it is not possible to identify when an individual was last outside of the care home or when they last took part in an activity that enhanced their quality of life.
National Care Standards 17, Care Homes for Older People - Daily Life.
National Care Standards 8, Care Homes for Older People - Making Choices.

This recommendation was made on 11 November 2016.

Action taken on previous recommendation

Whilst in the service we saw that staff were respectful of service users in their interactions. We observed staff providing service users with information and choices and taking time to answer any questions people had. Overall we found that the staff team were committed to promoting people's rights.. A record is kept evidencing the outcomes achieved. This recommendation has been met.

Recommendation 3

The lighting throughout the home should be improved to meet the needs of people who have dementia.
National Care Standards 4, Care Homes for Older People - Your Environment.

This recommendation was made on 11 November 2016.

Action taken on previous recommendation

We observed lighting had been replaced with LED lighting.
This recommendation has been met.

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	
15 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
11 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
6 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
26 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
11 Aug 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
9 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 6 - Excellent 5 - Very good 5 - Very good
15 Mar 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 4 - Good
28 Sep 2012	Unannounced	Care and support Environment Staffing	5 - Very good 5 - Very good Not assessed

Date	Type	Gradings	
		Management and leadership	3 - Adequate
17 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
19 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 3 - Adequate
1 Mar 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate Not assessed
5 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good Not assessed
14 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
24 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 4 - Good
18 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 3 - Adequate Not assessed Not assessed
4 Jul 2008	Announced	Care and support Environment Staffing	4 - Good 3 - Adequate 4 - Good

Date	Type	Gradings
		Management and leadership 4 - Good

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