

Douglas View Care Home Care Home Service

William Street
Hamilton
ML3 9AX

Telephone: 01698 459099

Type of inspection: Unannounced
Inspection completed on: 29 September 2017

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300687

About the service

Douglas View Care Home is a care home service registered to provide care and support to a maximum of 100 service users. A maximum of 74 are older people with no more than 10 with a diagnosis of dementia and a further 26 people from the age of 30 years of age with the diagnoses of Korsakoff's Syndrome.

At the time of the inspection, there were 95 service users living at Douglas View. The service is located in Hamilton and is close to local facilities and transport links. The home is over two levels with a passenger lift between floors.

The service states their aims and objectives to be, among others, "We the provider shall meet all of your assessed needs in relation to accommodation, meals, activities, support, care including where applicable nursing care".

What people told us

We spoke with 8 residents who use the service and 6 carers (relatives). Comments and views have been used to grade each quality theme and included:

"I would like more trips out"

"Biscuits are very hard"

"Everywhere is very similar"

"I would like a newspaper but I couldn't read it anyway. The newspaper group doesn't happen"

"Tablets were given into my hand in the corridor and I couldn't manage as I had my zimmer and I had no drink given"

"I call out for a nurse and no one comes"

"I get uncomfortable sitting but don't get moved unless I ask"

"Staff are great - mostly the same"

"Need more staff"

"My relative is showered every morning and things have got better"

Self assessment

The service had not been asked to complete a self-assessment in advance of this inspection.

From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of environment	1 - Unsatisfactory
Quality of staffing	1 - Unsatisfactory
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

We reviewed the management of medication and found some serious concerns. One early morning medication was administered later than prescribed and another resident received their enteral feeding later than prescribed. This put the residents at risk as their pain relief and nutritional needs were not being fully met. Some records demonstrated medication had been offered at night when people were often already sleeping. This meant there had been a lack of consideration taken as to the best time to suit the resident's lifestyle and/or preferences.

We found a number of medications recorded as "out of stock" or "unable to be located" and some pain relief patches were not given on the days of the week they were prescribed. Given these residents had not received their medication correctly, this demonstrated unsatisfactory management of medication and the overall welfare of these people.

Some records recorded the use of "as required" medications as a response to stress and distressed behaviour and/or pain relief however did not record why these were given or how well they had worked. Therefore, we considered the health and wellbeing of the residents who live in this service was being compromised. These concerns are subject to an Improvement Notice issued to the service on 6 October 2017

The assessment tool used to calculate staffing levels did not always fully reflect residents needs. We observed lounges not always being supervised as staff were busy and the carer alert system was activated for long periods of time without being answered. This left residents at risk of accidents and incidents happening with no opportunity to prevent or fully record how they happened as there was no supervision by staff. These concerns are subject to an Improvement Notice issued to the service on 6 October 2017

There were parts of care plans that had some good information. However, generally, we found this was not always the case and there was a lack of detail on how to manage specific needs for example, stress and distressed behaviour and continence management. This meant that not all care plans showed the most current information to help staff support residents in the safest way using up to date risk assessments and protocols. These concerns are subject to an Improvement Notice issued to the service on 6 October 2017

There was no clear system in place to maintain the healthy skin of residents and/or prevent skin breakdown. This was despite there being a number of residents deemed as being at risk of pressure wounds. Where skin had broken down, wound assessment charts and body maps were not always being used appropriately therefore information was not always accurate or up to date.

There was little evidence of preventative methods for skin breakdown being applied. Residents were not being regularly offered the opportunity to relieve pressure built up from sitting which increased their risk of skin damage.

These concerns are subject to an Improvement Notice issued to the service on 6 October 2017

We saw from some records that specific healthcare needs were met at times. However, monitoring charts were not always used well and there was a lack of action taken to address concerns such as the effective use of behaviour monitoring charts, food and fluid intake records and personal hygiene charts.

This meant there was a lack of communicating important information in a way that promoted the health and wellbeing about residents such as; preventing dehydration, poor nutrition and deterioration of personal hygiene. (See requirement 1)

We looked at some care reviews and noted that they had not all been completed six monthly in line with legislation and some had not been completed well. This meant that the overall care of the residents had not always been discussed and agreed with all relevant individuals concerned, to ensure the care plans continued to fully meet the resident's care and support needs.

(See requirement 2)

The personal hygiene charts failed to show how staff supported residents to bathe or shower frequently and in the way they preferred. We saw some residents who appeared unkempt and wearing food stained clothing during the inspection. This failed to give residents the right to dignity and respect.
(See requirement 3)

We saw that some medication administration records and care plan records were illegible meaning instructions and information could not be read easily. This meant important information was at risk of not being communicated and compromising health care needs.
(See requirement 4)

We observed that residents were not being offered the opportunity to use the toilet on a regular basis in line with their individual continence care plan. The continence care plans that we reviewed failed to show how residents continence skills would be maintained therefore preventing skin damage and risk of infection. This also reflected poor outcomes for residents in respect of promoting dignity.
(See requirement 5)

We observed hot and cold drinks being provided throughout the day, however there was evidence that residents were not always being assisted to drink. This was due to staff not having enough time to sit with them and encourage them to take fluids. The fluid recording records were not being completed therefore it was not possible to fully assess how much fluids individual people were being given. This placed residents at risk of dehydration and poor health care.
(See requirement 6)

Although there were group activities and outings, during the inspection we frequently saw a lack of overall stimulation for residents in the older people's units. We acknowledged how some residents in the McClelland unit were supported to maintain their independence to a good level. Opportunities could be developed however to further improve this and help residents to maintain skills and sustain improvements made to create even greater independence.
(See recommendation 1)

Requirements

Number of requirements: 6

1. The provider must ensure that where clinical monitoring is assessed as necessary, relevant records are completed to help demonstrate this and to ensure there is effective communication of important information. Where concerns are identified through clinical recording records, relevant and effective action must be taken such as seeking medical advice.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users and (5) Personal Plans

Timescale for implementation: To be completed by 8 December 2017

2. The provider must ensure that personal plans are reviewed at least once in every six month period whilst the resident is in receipt of the service or sooner where appropriate.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users and (5) Personal Plans

Timescale for implementation: To be completed by 8 December 2017

3. The provider must ensure that personal hygiene needs of residents are fully met and in keeping with their personal preferences. Where personal hygiene tasks are not completed for a specific reason, these reasons must be clearly recorded and staff should be able to demonstrate any other measures taken to achieve these needs being met.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users and (5) Personal Plans

Timescale for implementation: To commence on receipt of this report and be completed by 8 December 2017

4. Handwriting within records must be improved to ensure legibility.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users and (5) Personal Plans

Timescale for implementation: To be completed by 8 December 2017

5. The provider must be able to demonstrate how it actively promotes the continence of residents through care planning in a way which supports their full potential and promotes their right to dignity and respect.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users and (5) Personal Plans

Timescale for implementation: To be completed by 8 December 2017

6. The provider must ensure that residents can have a hot or cold drink at any time whenever they want in order to reduce the likelihood of dehydration. Where they are unable to request drinks, staff must make sure fluids are offered regularly and residents are encouraged and assisted to take them. This must be undertaken in line with any health care needs and preferences.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users

Timescale for implementation: To be completed by 8 December 2017

Recommendations

Number of recommendations: 1

1. The service should improve the provision of activities that residents can become involved in on a daily basis within the service. In doing so, this should also include consultation with them, to ensure that meaningful activities are promoted that reflect their personal preferences and promote the independence.

National Care Standards: Care Homes for Older People, Standard 5 – Management and Staffing Arrangements and Standard 6 – Support Arrangements

Grade: 1 – unsatisfactory

Quality of environment

Findings from the inspection

This purpose-built care home provided en suite accommodation and residents' rooms were personalised with articles and at times décor which was in keeping with resident's personal preferences. There was a secure internal courtyard area which allowed people to access an outdoor seated space.

The service had a refurbishment programme and new equipment had been purchased. Redecoration had also been completed in some areas to help improve the environment for residents. Despite this, we identified a number of areas within the service which were consistently malodorous particularly the Avon and Cadzow Units. We acknowledged the work which had already been completed to refurbish some of these areas, however further investigation as to the source of the smell requires to be undertaken and effective action taken to improve the areas for residents living in them.
(See requirement 1)

When we looked at maintenance records of safety equipment we found required checks had been carried out in the appropriate timescales. There was a maintenance book where staff recorded any repairs and these were signed and dated when completed.

The service had made sure there was suitable equipment where these had been assessed as required to help residents. This all helped contribute to the safety, wellbeing and independence of residents within the care home.

Residents' personal bathrooms lacked items essential for undertaking personal care tasks. The outcome of this is reflected in more detail under Quality Theme 1
(See requirement 3, Quality Theme 1)

Continence products were not always stored appropriately in line with manufacturer's guidelines. This can alter the effectiveness of the product.
(See recommendation 1)

There was a lack of items such as signage, clocks and calendars. This could have a detrimental effect on residents being able to orientate themselves around the units and to the time and date.
(See recommendation 2)

We found an unacceptable level of sudden and loud noises within the units at times. The manager organised for door closures to be readjusted while we there. However, other noises which could have been intrusive for residents were the ongoing carer alert system and the noise level from the radio within the Avon Unit.
(See recommendation 3)

Requirements

Number of requirements: 1

1. The provider must ensure that they make proper provision for the health and wellbeing of residents in that unpleasant odours are controlled effectively. Where malodorous persist, the provider must ensure that cleaning strategies are effective and remedial actions taken where required.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users

Timescale for implementation: To be completed by 8 December 2017

Recommendations

Number of recommendations: 3

1. Continence products should be stored in line with manufacturers guidelines, to ensure the effectiveness.

National Care Standards, care homes for older people – standard 6: support arrangements and Standard 4: Your Environment

2. The environment should be improved on to enable residents to orientate themselves around the units and to remind them of the date and time.

National Care Standards, care homes for older people – standard 6: support arrangements and Standard 4: Your Environment

3. A review should be undertaken of the noise levels which residents are subject to including, but not limited to, door closures, music and the carer alert systems. In doing so, staff should be more mindful about the links between noise levels and impact of this on people living with dementia.

National Care Standards: Care Homes for Older People, Standard 4 – your environment

Grade: 1 – unsatisfactory

Quality of staffing

Findings from the inspection

We were unsatisfied that there had been a sufficient level of staff training to meet the needs of residents. Where staff training had taken place, there was a lack of evidence that it was fully implemented and had improved staff practice and outcomes for residents.

The training matrix showed significant gaps in mandatory staff training and some new staff had not completed induction training. This meant that residents were being cared for by some staff who did not have the relevant skills to care for them safely.

There was a lack of evidence that new staff had been assessed as competent as they did not always meet with their mentor to work through the induction workbook.

Engagement by staff with residents was varied and we saw some respectful staff interaction and practice, while others were more dismissive. Feedback from residents not only supported this issue but also our concerns about staff shortages, lack of staff continuity, and lack of engagement.

We saw some staff had not followed directions recorded within care plans which meant care was not always being delivered as indicated through assessment or in keeping with residents' specific needs or preferences.

At times staff demonstrated poor infection control practices and carried soiled linen without using the appropriate protective equipment. Therefore, increasing the risk of cross-infection.

The service used a significant amount of agency staff in order to help make sure there were enough staff to meet residents' needs. Although they tried to make sure it was the same staff who returned to the home, there were times when this was not possible. This meant there were frequent times when there was a lack of continuity of the staff supporting residents. We acknowledged that the service continued to actively recruit new staff to increase the amount of permanent staff.

These concerns are subject to an Improvement Notice issued to the service on 6 October 2017

Professional registration checks were carried out frequently to make sure staff were eligible to work. However staff recruitment files showed some discrepancies relating to previous employment and these had not been fully investigated. Dates of completion were also found to be missing from some interview notes.
(See recommendation 1)

Not all staff supervision and appraisals were in date and supervision records did not show how requests or concerns from staff had been addressed. In some instances this was in relation to staff training.
(See recommendation 2)

We saw a resident being moved in a hoist by two members of staff, however the battery ran out and the hoist was unable to perform the full transfer. Although the resident was lowered safely back to the chair, this showed that there had been a lack of awareness by staff in making sure hoist batteries were charged sufficiently. We advised the Manager of this at feedback.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. Discrepancies relating to previous employment should be investigated and the reasons clearly recorded within staff recruitment files. Records completed should also be dated.

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

2. The service should follow a planned, systematic and structured approach to how supervision is carried out. Where requests are made by staff, there should be records of what, if any, action is taken. Where action is not appropriate, reasons for this should be recorded.

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

Grade: 1 - unsatisfactory

Quality of management and leadership

Findings from the inspection

Prior to this inspection there were concerns raised with the Care Inspectorate and South Lanarkshire Council by external visiting professionals. This resulted in South Lanarkshire Council commencing a Large Scale Investigation. The Care Inspectorate regraded the service to reflect that it was 'High Risk' with grades that were unsatisfactory across all four quality themes.

The evidence gathered at this inspection identified that there continued to be significant concerns and a lack of progress made in general, therefore the grades remain as unsatisfactory. An Improvement Notice has been issued to the provider on 6 October 2017. Failure to comply with the areas identified within the Improvement Notice will result in further action being taken by the Care Inspectorate in order to ensure the safety and well-being of residents.

We identified that at times, there was a lack of communication between staff within the older people's units as well as leadership. This had resulted in one resident not receiving their medication at the prescribed time while another resident was late receiving their enteral feeding. (Concerns relating specifically to the management of medication are subject to an Improvement Notice issued to the service on 6 October 2017)

Staff handover meetings were varied. While some passed on important and current information to staff coming on duty this was not consistent. Given there was a high usage of agency staff, this posed a risk to the continuity of care for residents.

Information was not passed on to senior staff in one unit about a recent event relating to the health of a resident. This meant that staff would not have been able to identify if there were any changes to the person's health as a result of the event. It also meant that the staff were unable to answer questions or give reassurance to the resident's family members.

We observed some staff working hard to try and organise the older people's units, however overall there was a lack of leadership and direction, this resulted in the units being disorganised. We saw specific examples where residents had been affected by this such as being unable to summon assistance in unsupervised lounges and where they had not received part of their meals or fluids during the day. We passed on a specific request from one resident for four consecutive days to staff in one of the units. Each day the staff were unaware of the concern as it had not been passed on by the previous shift.

The McClelland unit which had a Unit Manager was better organised and ran well, however we felt the lack of this level of management within the older people's units was contributory to their disorganisation. (See requirement 1)

We acknowledged that the service had undertaken their own audits, which helped to identify areas for development; however these had not yet been effective in improving practice. This meant that not all actions identified had been put into place and residents' care continued to be compromised at times. (See requirement 2)

We identified events which should have been referred as Adult Support and Protection (ASP) concerns. The temporary manager subsequently made two ASP referrals at our request.

Requirements

Number of requirements: 2

1. The provider must ensure that units are run effectively in order to meet service users' needs and maintain their health and well-being. In doing so there must be effective leadership in place to specifically:

- (i) oversee the care of residents
- (ii) make sure communication between all grades of staff and management is effective
- (iii) enforce service policies and ensure best practices are being adhered to
- (iv) mentor and assess performance of staff

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users and (5) Personal Plans

Timescale: to be completed by 8 December 2017

2. The provider must ensure that effective audits are carried out with sufficient information held and/or recorded to ensure the health and welfare of service users.

The provider should ensure that, where areas for improvement have been identified within the auditing system, there is sufficient information to show how risks have been minimised and progress made.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users

Timescale: to be completed by 8 December 2017

Recommendations

Number of recommendations: 0

Grade: 1 – unsatisfactory

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

Previous requirements

Requirement 1

The provider must ensure that there is accurate advice detailed in care plans of how to support service users, specifically in relation to:

- The quality and content of younger service users' care plans
- Service users' preferences and how these are fully supported
- Completion of DNACPR records
- Completion of Anticipatory Care Plans
- The accurate recording of outcomes of clinical tests undertaken

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

Timescale for implementation: Within twenty weeks of receipt of this report.

This requirement was made on 27 June 2016.

Action taken on previous requirement

We found a number of areas which required to be improved throughout the care plans we reviewed during the inspection. This concern is now subject to an improvement notice dated 6/10/17

Not met

Requirement 2

The service provider must ensure that the Care Inspectorate is notified of any significant event and within the defined timescale as detailed in our guidance: Guidance on Notifications Care Services Must Make and Records they must keep.

This is in order to comply with: The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) Regulation 21 (2) (b) Notification of death, illness and other events and of The Public Services Reform (Scotland) Act 2010 section 53(6),

Timescale for implementation: To commence within twenty-four hours of receipt of this report.

This requirement was made on 27 June 2016.

Action taken on previous requirement

Some information contained within the Annual Return which was submitted to the Care Inspectorate was inaccurate. We also found that a number of events which should have been notified to us had not been submitted at the time. While we acknowledge the temporary manager has now submitted these respectively, this requirement is considered not met.

(See requirement 1, Quality Statement 4)

Not met

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

Previous recommendations

Recommendation 1

The malodours within the Avon Unit should be investigated and where required, actions taken to ensure malodours are removed.

National Care Standards: Care Homes for Older People, Standard 4 – your environment

This recommendation was made on 27 June 2016.

Action taken on previous recommendation

Although there had been some refurbishment work completed, areas within the service were consistently malodorous particularly the Avon and Cadzow Units. , This recommendation has now been upgraded to a requirement.

(See requirement 1, Quality Theme 2)

Recommendation 2

Accident/incident records should be improved upon to make sure they contain accurate information about events.

National Care Standards – Care Homes for Older People Standard 5: Management and Staffing Arrangements, Standard 6 – Support Arrangements

This recommendation was made on 9 May 2017.

Action taken on previous recommendation

Accident and incident records lacked information about the action taken following events.

(See recommendation 1, Quality Theme 4)

This recommendation is Not Met.

Recommendation 3

Carer Alert Cords within communal and private areas should be accessible for service users to operate in order to summon assistance.

National Care Standards – Care Homes for Older People Standard 4: Your environment and Standard 6 – Support Arrangements

This recommendation was made on 9 May 2017.

Action taken on previous recommendation

We did not see any concerns with alert cord accessibility during the inspection.

This recommendation is met

Recommendation 4

Staff should be trained in relevant areas in order to be able to provide appropriate care and support for service users with specific conditions.

National Care Standards – Care Homes for Older People Standard 5: Management and Staffing Arrangements and Standard 6: Support Arrangements.

This recommendation was made on 9 May 2017.

Action taken on previous recommendation

We were unsatisfied that there had been a sufficient level of staff training to meet the needs of service users or help improve outcomes. The training matrix showed significant gaps in mandatory staff training.

These concerns are subject to an Improvement Notice issued to the service on 6 October 2017

Complaints

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

Enforcement

Please see Care Inspectorate website (www.careinspectorate.com) for details of enforcement action taken against the service.

Inspection and grading history

Date	Type	Gradings	
4 Aug 2017	Re-grade	Care and support	1 - Unsatisfactory
		Environment	Not assessed
		Staffing	1 - Unsatisfactory
		Management and leadership	1 - Unsatisfactory
9 May 2017	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed

Date	Type	Gradings	
12 May 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Nov 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
19 May 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
13 Nov 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
28 Apr 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
17 Dec 2013	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
1 Aug 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
20 Nov 2012	Unannounced	Care and support	Not assessed
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good

Date	Type	Gradings	
4 May 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
10 Feb 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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