

Muirpark Care Home Service

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Type of inspection: Unannounced
Inspection completed on: 25 October 2017

Service provided by:
North Lanarkshire Council

Service provider number:
SP2003000237

Care service number:
CS2003001191

About the service

Muirpark home is located in Viewpark, near the town of Bellshill. The service is provided by North Lanarkshire Council. There is easy access to local services such as the health centre and shops. The single storey building has mature gardens at the front and rear.

The service had 18 service users at the time of the inspection.

The service provides respite and intermediate care. Intermediate care is defined as: A service providing time limited interventions for people who, on the basis of an Interim Care Assessment, are deemed to need some degree of rehabilitation, enablement and recovery, with the aim of preventing unnecessary admission to hospital, facilitating early hospital discharge, or preventing premature admission to residential care.

The service has seven beds allocated to the Community Assessment and Rehabilitation Service (CARS) team. These beds provide support for individuals who do not require hospital admission but still require a degree of assistance before returning home.

The service aims to provide a homely environment which promotes the rights and independence of service users while providing care on an individual basis.

What people told us

We received one completed questionnaire from a service user prior to the inspection. They and the four people spoken with at inspection spoke very highly of the service and the support they received from staff. One described the service as 'fantastic'.

We received two completed questionnaires from relatives prior to the inspection. They agreed or strongly agreed with the statement 'Overall I am happy with the quality of care my relative/friend receives at this home'.

People commented favourably on staff, the accommodation and meals. One person advised that where they raised concerns that these were dealt with appropriately.

We spoke with two relatives/friends at the inspection. They were very positive about the service and spoke highly of the staff. They felt that there was plenty of staff available and that they took an interest in their relative. They also commented on the significant improvements in their relative in the weeks they had resided in the service.

Self assessment

A self-assessment was not required for this inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Overall, from discussions with those living in the service and their relatives we found that people were well cared for and supported by staff. We observed how staff supported and engaged with people and observed them as being warm, caring and professional. Staff also demonstrated that they knew people well and how to support them. This included supporting people to remain as independent as possible as well as relearning skills.

At the time of the inspection the service were currently transferring people's personal plans in to a new format. The plans looked at provided some good person centred information on individual's needs and preferences and how staff should support these. We identified areas where information in the plans could be more person centred and fed this information back to the management to be actioned.

Where people had lived in the service for more than six months, then reviews had taken place with each person and/or their family.

We found that people were receiving their medication as prescribed. However, we noted that where people received as required medication the outcome of this was not being recorded (see requirement 1). The service had recently reviewed their medication management and training to improve this area of the service.

Where people needed to be on charts to measure their food and fluid intake we noted that these were not always being fully completed. It was therefore not possible to see whether a person had enough fluids in a day and if not what actions were being taken to address this. This could have a potential impact on a person's health (see recommendation).

We heard about the different ways that people chose to spend their day. This varied according to the length and type of stay of each person. It included occasional in-house activities, supported trips out and celebrating key dates and events throughout the year. We identified that although we could see that the activities being provided to people corresponded with their preferences, there was a need for the service to continually keep these under review to ensure people's social needs were being met on a regular basis.

Requirements

Number of requirements: 1

1. The provider should ensure that when 'as required' medication is used the outcome of this, including any benefit to the service users welfare, is recorded.

This is 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(a) providers shall make proper provision for the health and welfare of service users.

Timescale within one week of receipt of this report.

Recommendations

Number of recommendations: 1

1. Management should ensure that where people are on additional monitoring charts, such as fluid intake, that these are regularly reviewed. Where issues are identified such as some one not reaching their daily fluid intake the service should be able to show what actions were taken to address this.

National Care Standards Care Homes for Older People: Standard 6 Support Arrangements and Standard 14 Keeping well - healthcare.

Grade: 4 - good

Quality of environment

Findings from the inspection

We found the accommodation to be a well maintained and comfortable environment for people to live. Muirpark has 21 single en-suite bedrooms. All bedroom doors were fitted with appropriate door locks that allow people to lock their bedrooms if they wish, but staff were able to access at any time if needed. Lockable drawers were available in all bedrooms for service users to store personal items securely.

Service users had access to a range of communal areas including lounges, dining room and shared bathrooms and shower facilities. A smoking room as well as a secure outside garden space was also available. A call system was available to allow people to seek staff assistance as needed and security at the front entrance was effective.

People could choose to have their meals served in their rooms or in the dining area. Visitors could be entertained in the privacy of the persons own room.

The service has a rehabilitation kitchen, which service users were able to access to maximise their own independence before returning to their home environment.

The service carried out regular checks to ensure the environment was safe and any repairs or maintenance of equipment was carried out as needed. This was to ensure that areas of the accommodation were safe for those living, working and visiting.

We found areas of the home to be dull and that service needed to review the lighting throughout the accommodation to ensure that the lighting is at a sufficient level to meet the needs of those residing there, this should include lighting in bedrooms.

Despite some work being carried out to improve signage to help orientate people around the accommodation, we continued to find that the signage was not suitable and in some areas confusing. The service should look to develop the signage within the service to meet best practice guidance (see repeat Recommendation 1).

We identified that some of the services written procedures needed to be updated in-line with changes that have taken place within the Local Authority. An example of this, was the fire evacuation procedures which referred to staff and buildings who/that were no longer operational.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The provider should carry out a review of the current signage within the service. Signage should be put in place that assists in orienting service users around the environment.

National Care Standards Care Homes for Older People. Standard 4: Your Environment (repeat recommendation)

Grade: 4 - good

Quality of staffing

Findings from the inspection

Those living in the service commented positively about the staff and we saw staff supporting people at their own pace in a dignified manner. From our observations there was a good working relationship between the staff members'.

As there had been no recent recruitment to the service we did not check recruitment practices at this inspection.

We found that some staff had been re-deployed from another North Lanarkshire Council service. Whilst this was currently working well, we were told that there was uncertainty over when and how many of those staff would be moved back out of the service. We would expect that this is managed in a staged manner to ensure continuity for residents at Muirpark.

From our discussions with staff and reviewing staff rotas we noted that the service did not consider people's dependency levels when looking at staffing. This meant when, for example, the service had admissions or discharges the staffing levels were not increased to meet this additional demand. Staffing levels should be based upon the assessed needs of service users (See requirement 1).

We found significant gaps in staff training, this included refresher training for staff in key areas of training including adult support and protection and moving and handling, with many staff having received their initial training several years ago. The service must review this part of their training policy (See requirement 2). We found that where staff had transferred from other services, management were unaware of the training they had undertaken. Management need to ensure that all people employed in the service have the necessary skills and experience to meet people's needs.

As a result of a recommendation made in another NLC service, first-aid training was being organised for staff, to ensure that there would always be an appointed person on duty.

The service ensured that all staff were registered with their relevant governing bodies and where any conditions had been applied to a person's registration, management were aware of these and could support staff to meet these.

Despite having a clear Supervision and Appraisal Policy available we could see that there had been gaps in supervision taking place. Management were addressing this.

The service had documentation available to allow staff to assess their own skills and knowledge. This would then be used by management to identify staff's training and development needs and develop a Personal Development Plan for individual staff. This would clearly identify training undertaken but also the individuals' future training needs and would allow the service to plan to meet these. We will review how effective this has been at the next inspection.

Requirements

Number of requirements: 2

1. The provider must ensure that there is sufficient staffing to meet the assessed care and support needs of service users. To do this the service must monitor and evaluate if the assessed care and support needs of service users are met on a daily basis. This information should be evaluated and used to determine if there needs to be additional staff in place.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011/210 Regulation 15: Staffing.

Timescale: 31 December 2017

2. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users - (b) ensure that persons employed in the provision of the care service receive -

(i) training appropriate to the work they perform. In order to do this they must:

1) Devise a training policy that clearly identifies all mandatory training that staff will receive and timescales for refreshing this. This should include, but not limited to, adult support and protection, fire safety and moving and handling.

2) Deliver mandatory and refresher training in line with this policy.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15 (1)(b)(i).

Timescale: Part 1 - 31 January 2018, Part 2 - 30 April 2018

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

At this inspection we considered how well the service evaluated the service provided and how it improved outcomes for people living in the home.

At the time of the inspection the home had temporary management arrangements in place for over eight months, with the acting manager also responsible for the start-up of a new service. NLC were planning to recruit a permanent manager for the service.

As stated in Quality Theme three a significant number of staff had come from another service but were due to move on again. The timescale for these moves had been changed on a number of occasions and staff were unsettled and found it difficult to fully commit to Muirpark as they were unsure how long they were to remain there. Senior management need to ensure that staff were kept fully informed of timescales so that they are kept informed and able to plan ahead.

We noted that staff meetings were very irregular giving staff little opportunity to come together as a group and be involved in the development of the service and to have their say in how it could be improved.

An open door policy was in place which meant that those using the service, relatives and staff were free to speak to management if they had any concerns or issues that they wanted to talk about.

Methods of consultation and participation were limited, this was in part due to the nature of the service and that some people only resided in the service for a short period of time prior to returning home or to alternative accommodation. As with previous inspection findings where the service could show that they had involved people in making decisions, it was not always possible to see how the service had taken these forward (see recommendation 1).

The service notified the Care Inspectorate and Scottish Social Services Council regarding any notifiable incidents. This included any untoward incidents in the home as well as issues about staff practice.

An effective complaint procedure was in place and displayed throughout the building. There had been no complaints since the last inspection. Thank you cards and comments continued to be monitored regularly in order for the provider to establish how satisfied people were with the service.

In line with previous findings we continued to find that the Quality Assurance systems needed to be further developed. This was to provide a clear overview of all areas of the service identifying both positives as well as areas for improvement. This could feed in to a service development plan that included the views of staff those using the service and their families (see Requirement 1).

Requirements

Number of requirements: 1

1. In order to measure performance, identify issues and support an appropriate level of care, the provider must:

- (i) Introduce an effective system of audit in relation to important aspects of the service, and,
- (ii) Ensure that issues identified by audit are addressed.

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

Timescale: By 30 April 2018. (repeat requirement)

Recommendations

Number of recommendations: 1

1. Action plans following all consultation exercises should be developed in order to clearly identify actions to be taken, where responsibilities lie and timescales in which to achieve the identified actions.

National Care Standards Care Homes for Older People. Standard 8: Making Choices

Grade: 3 – adequate

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 service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this the service must ensure that the personal plans:

- Accurately reflect all the current needs of individuals
- Include information about care and support interventions and are developed to fully reflect the care being provided.
- Include information about care and support that is up to date and regularly evaluated this includes the regular update and recording of daily notes.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulations 5(1) – Personal Plans.

This requirement was made on 5 April 2016.

Action taken on previous requirement

From the sample of personal plans looked at during this inspection we were satisfied that the service had taken sufficient action to address this requirement. We did identify some areas for further improvement that we discussed with management. We will review this at future inspections.

Met – outwith timescales

Requirement 2

The provider should ensure that when 'as required' medication is used the outcome of this, including any benefit to the service users welfare, is recorded.

The service should develop an effective medication audit to address any issues arising and improve outcomes for residents.

This is 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(a) providers shall make proper provision for the health and welfare of service users.

This requirement was made on 5 April 2016.

Action taken on previous requirement

We noted improvements in the way that peoples medication was managed. Regular medication audits ensure that where issues are identified that these are addressed. The one area of this requirement that remains unmet relates to recording the outcome of the use of as required medications to ensure that the medication prescribed is effective.

We noted that the current medication recording system does not provide staff with a space to record the outcome and management may wish to consider developing a format to allow outcomes to be recorded.

Not met

Requirement 3

In order to measure performance, identify issues and support an appropriate level of care, the provider must:

- (i) Introduce an effective system of audit in relation to important aspects of the service, and,
- (ii) Ensure that issues identified by audit are addressed.

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

Timescale: By 30 June 2017.

This requirement was made on 12 April 2017.

Action taken on previous requirement

See Quality Theme 4 for details.

Not met

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

Previous recommendations

Recommendation 1

Action plans following all consultation exercises should be developed in order to clearly identify actions to be taken, where responsibilities lie and timescales in which to achieve the identified actions.

National Care Standards Care Homes for Older People. Standard 8: Making Choices

This recommendation was made on 6 April 2016.

Action taken on previous recommendation

We continued to find that where any consultations took place with those using the service or their families that we were not always able to see what actions had been taken to address issues raised. This recommendation will therefore be repeated.

Recommendation 2

Care plan content should be developed to reflect information in a more person centred manner. In doing so, it should reflect clearly, the salient interventions required to help promote service users' independence.

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

This recommendation was made on 4 May 2015.

Action taken on previous recommendation

We found that the new personal plans being put in place had helped to staff to reflect more person centred care. There were some areas identified where this could improve further that we fed back to management. However, we are satisfied that the recommendation has been met.

Recommendation 3

The provider should carry out a review of the current signage within the service. Signage should be put in place that assists in orienting service users around the environment.

National Care Standards Care Homes for Older People. Standard 4: Your Environment.

This recommendation was made on 5 April 2016.

Action taken on previous recommendation

Despite some work being carried out to improve signage to help orientate people around the accommodation we continued to find that the signage was not suitable and in some areas confusing. We will therefore repeat this recommendation.

Recommendation 4

The provider must ensure that staff receive and complete all training necessary for them to carry out their role and meet the needs of service users. This should include, but not be limited to, Fire Awareness and Care planning.

National Care Standards Care Homes for Older People. Standard 5: Management and Staffing Arrangements and Standard 9: Feeling Safe and Secure.

This recommendation was made on 5 April 2016.

Action taken on previous recommendation

We found considerable gaps in staff training and as a result have now made a requirement in relation to this.

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	
12 Jan 2017	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
12 Jan 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
10 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
18 Jan 2010	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
14 Jul 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
2 Feb 2009	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
8 Jul 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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