

Arran View Care Home Care Home Service

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Saltcoats
KA21 6EU

Telephone: 01294 468019

Type of inspection: Unannounced
Inspection completed on: 11 January 2018

Service provided by:
BUPA Care Homes (CFHCare) limited

Service provider number:
SP2003002226

Care service number:
CS2003034592

About the service we inspected

Arran View has been registered with the Care Inspectorate since April 2011 to provide a care home service (with nursing) to a maximum of 150 older people. The provider is BUPA Care Homes (CFH Care) Ltd. The service is located in a residential area of the North Ayrshire town of Saltcoats. During the inspection there were 65 residents living in Arran View.

Accommodation consists of five, purpose built 30 bed units, two of which are currently unoccupied (Brodict and Lamlash). A central administration building accommodates the manager and administrator, a training room, the laundry, the main kitchen and a hairdressing salon. At present, the individual units cater for the following care and support needs:

- Lochranza: elderly people living with dementia
- Sannox Bay: elderly people who require nursing care
- Whiting Bay: elderly people who do not require nursing care input and may be living with dementia.

All bedrooms are single occupancy but no en-suite facilities are currently available within the care home. Adapted toilets, bathrooms and showers are provided. All the units except Lochranza have a large open plan lounge/dining area with a kitchenette. The public space in Lochranza has been partitioned off to create separate areas including a dining space, TV lounge, smoking lounge and a quiet sitting area. A garden is also available.

The philosophy of Arran View Care Home states:

"The aim of Arran View Care Home is to provide nursing care for highly dependent, elderly people suffering from medical problems, including dementia. Care is to be of the highest possible quality given in a homely atmosphere, where residents may be assisted to maintain their independence and lead their lives as they choose."

How we inspected the service

This inspection focussed on reviewing the action taken in response to requirements and recommendations made at, and since the last inspection as the result of other regulatory activity.

We spoke to:

- 15 residents
- two visiting relatives
- 11 staff including:
 - a carer (Lochranza)
 - three senior carers (Lochranza, Sannox and Whiting Bay)
 - unit manager (Sannox)
 - the maintenance officer
 - the lead activities coordinator
 - the chef
 - the depute manager
 - the manager
 - the regional director

We looked at:

- staff practice
- observation of residents care and standards of personal hygiene
- residents' personal plans
- risk assessments
- healthcare records
- input from external healthcare professionals
- relative communication records
- medication records
- topical application records (TMAR's)
- supplementary feed charts
- positional change charts
- food and fluid charts
- falls management including risk assessment, care plans, equipment and staff training
- policy on 1-1 support
- management of clinical emergencies policy and implementation of neurological observations
- activities records
- menus and kitchen supplies
- accidents and incidents and analysis
- complaint log and response/action plans
- residents' belongings inventories (including respite)
- residents' dependency assessments
- staffing levels
- staff vacancies and agency usage
- observation of the environment
- staff training and supervision records
- registration certificate
- staffing schedule
- insurance certificate.

Taking the views of people using the service into account

We spoke to 15 residents who were complimentary about the quality of the service provided to them. Comments included:

"It's a good wee place - I'm quite happy."

"I'm content enough."

"Staff are first class."

"I feel well cared for."

"Excellent - no need to worry. I feel listened to and I'm able to get things sorted out."

"No complaints at all - I enjoyed Christmas."

"Faultless - couldn't complain about a single thing. It's all they can do to get you everything you need. Food is lovely. Staff are all so helpful."

Taking carers' views into account

We spoke to two visiting relatives who told us they were happy with the quality of the service. Comments included:

"I'm happy with the staff."

"Good lassies."

"It's nice and clean."

"Staff are approachable."

"Any concerns are dealt with."

"(Relative's) happy so we're happy."

"I'm happy with the way (relative) is looked after and I'm here often. Some little niggles but overall it's a good place - the care is good."

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

Previous requirements

Requirement 1

The service must ensure that it meets the social and recreational needs of residents, taking account of their interests, needs and beliefs to enable them to fulfil their potential.

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.

Timescale: To commence upon receipt of this report and be completed by 30 December 2017.

This requirement was made on 4 May 2017.

Action taken on previous requirement

Meetings had been held with residents to explore interests, review the activities that had taken place and to seek new ideas. We saw that the programme had offered a good range of group and 1-1 activities. Special days and

events had been celebrated and entertainers had been booked each month. Church services had been facilitated and it was good to see that external parties (such as Alzheimer Scotland, pet therapy and a volunteer) came in regularly to provide good quality activities that residents enjoyed. Productive links had been established with a local school and the weekly café held in one of the vacant units continued to be popular with residents, relatives and the wider community. There were plans to introduce the Namaste Care programme for dementia and a toolkit had been obtained to progress the implementation of this initiative which was a positive step. However, more opportunities for residents to take part in physical activity were needed and trips outwith the care home, locally or further afield had remained limited. This is an area where ongoing attention and improvement is needed. Staff had the 'Care About Physical Activity' resource and we asked for this to be used to build on the skills, knowledge and confidence of staff to enable residents to increase their levels of physical activity and move more often. This requirement had been met and we made the following recommendation to continue to support improvement:

Recommendation:

Activities staff and the wider staff team should be supported by the provider and management to promote an active life for residents with opportunities to participate in a range of recreational, social, creative and physical activities, both indoors and outdoors - locally and in the wider community.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements; Standard 14: Keeping well - healthcare.

Met - within timescales

Requirement 2

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this, the provider must ensure there is accurate recording of the application of creams and ointments.

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

Timescale for achievement: To begin immediately on receipt of this report and ongoing.

This requirement was made on 4 May 2017.

Action taken on previous requirement

The topical application charts we looked at had not been well completed. We found that charts had not been signed or dated by the writer, directions for application were not clear and the recording of administration was poor. We also found additional, poorly completed charts that had been put in place to monitor residents who had been assessed as being at risk due to their increased healthcare needs. This included charts for recording food supplements which had not been signed by the writer, had minimal entries, no directions and the wrong supplement indicated. Although discussions with staff and the relevant personal plans did show that staff had responded properly to manage skin care and stabilise or prevent further weight loss, it is important that staff maintain accurate and accountable records. We were of the view that the current practice of keeping all the supplementary charts together in one folder did not promote a person centred approach, resulting in a lack of staff accountability. We discussed this with staff and it was agreed that the charts for each individual resident would be kept within their bedroom with a view to completing them at the time support is provided. It was also agreed that a record of the care staff allocated to support residents on a daily basis would be developed and

maintained to improve accountability, enabling senior staff to track allocations when checking the completion of these records which must be done on a more regular basis. Residents' key workers should also take a role in checking that charts are being completed properly, reporting any issues to senior staff.

This requirement had not been met. We made a new requirement to support improvement regarding the recording of prescribed topical applications and the management of additional monitoring charts used to prompt and record the enhanced levels of care initiated for residents at risk where a need for this has been identified:

The provider must ensure that staff maintain accurate records of the care and support given to residents. In order to achieve this the provider must:

- review the management of the supplementary charts used to meet the needs of residents needing enhanced levels of support due to their increased healthcare needs
- manage the use of supplementary charts in a person centred manner
- ensure staff know how to use supplementary charts properly
- ensure fully detailed instructions are recorded to inform the use of each supplementary chart
- audit the completion of supplementary charts on a regular basis to closely monitor and improve staff practice.

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 3 Principles
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15(b)(i) Staffing

The following National Care Standards were taken into account when making this requirement:

National Care Standards – Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 15: Medication.

Timescale for achievement: Within four weeks of the date of receipt of this report.

Not met

Requirement 3

The service provider must be able to demonstrate that staff will seek advice from relevant healthcare professionals promptly when residents require treatment or their healthcare condition is not improving.

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
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(2) the provision of adequate services from any healthcare professional.

Timescale for full review and completion: No later than 22 December 2017.

This requirement was made on 31 October 2017.

Action taken on previous requirement

We reviewed the care and support provided to residents with more complex healthcare needs. We found that staff had a good awareness of each individual's needs and how these were to be met. Good risk assessments and care plans had been developed to inform and support the care provided. In each case we saw that staff had regularly and recently involved the relevant healthcare professionals such as GP's, dieticians, speech and language therapists, physiotherapists, occupational therapists and community psychiatric nurses. Where residents had been diagnosed with complex progressive illnesses, we saw that there had been very good input from experts like Huntington's Nurses. We were satisfied that staff had recognised the need for specialist input, had sought this timeously for the residents concerned and had followed the advice given resulting in improved health or the prevention of further deterioration.

Met - within timescales

Requirement 4

The service provider must be able to provide written evidence that family have been informed as appropriate of any concerns in relation to their relative's health and wellbeing.

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.

Timescale for full review and completion: No later than 16 November 2017.

This requirement was made on 31 October 2017.

Action taken on previous requirement

The personal plans we looked at evidenced regular, detailed records of discussions and information sharing with family members. The accident and incident records we reviewed also indicated that relatives had been contacted. The relatives we spoke to during the inspection told us that staff kept them fully informed and we saw that staff had recently undertaken themed supervision that had included communication with family members using reflective practice as part of their learning.

Met - within timescales

Requirement 5

The approach to preventing and managing falls must be improved to keep service users safe. In order to do this the provider must:

- a) ensure that falls risk information is accurate, multifactorial, and where appropriate reflects advice sought from health professionals
- b) demonstrate that persons employed in the provision of the care service have received adequate training in preventing and managing falls at a level appropriate to the work they perform
- c) ensure that staff can demonstrate in their practice delivery of care is in accordance with best practice guidance 'Managing Falls and Fractures in Care Homes for Older People'
- d) ensure that managers are involved in the monitoring and auditing of falls and falls prevention.

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
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(2) the proper provision of adequate services from any healthcare professional
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5(1) Personal plans
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15(b)(i) Staffing.

Timescale for full review and completion: No later than 28 December 2017.

This requirement was made on 31 October 2017.

Action taken on previous requirement

We saw that there had been a low incidence of accidents including falls. Staff were able to identify to us the residents assessed as having a higher risk of falls and responsive supervision arrangements had been put in place to minimise this risk as much as possible. The management team had reviewed accident records to ensure staff had responded properly and also to identify any trends or patterns that needed further action. Using the monthly analysis, we reviewed the personal plans for residents experiencing falls and found satisfactory risk assessments and care plans in place. Equipment to reduce the risk of falls had been provided where appropriate. Staff had recently received refresher training in falls management and all care plans had been reviewed to ensure the information recorded was accurate and up to date.

Met - within timescales

Requirement 6

The provider must put in place and implement systems which will ensure that the care and support needs of residents are being regularly assessed and adequately met.

In order to do this the provider must ensure:

- all records must be completed fully for individuals support and care needs
- risk assessment is updated to support current concerns and inform the care plan and associated paperwork
- regular evaluation and audits of all records to ensure individual needs are being met in line with care plan guidance.

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(a)(a) Welfare of users.

Timescale for full review and completion: No later than 31 December 2017.

This requirement was made on 31 October 2017.

Action taken on previous requirement

The assessments, risk assessments and care plans we reviewed were satisfactory overall. We found that staff had a good awareness of residents' care and support needs and had acted properly to ensure the needs identified

had been met. There were a limited number of incidences where some aspects of the personal plan still needed to be updated to fully reflect changes but we were satisfied that this had not impacted on the support provided to the residents concerned. We saw that staff had undertaken themed supervision that had included taking a person centred approach towards residents and their families using reflective practice as part of their learning. We said that staff should continue to develop their recording skills to clearly evaluate the outcomes experienced by residents in response to the care plans developed.

Met - within timescales

Requirement 7

The service provider must be able to demonstrate that 1-1 care, when requested by other healthcare professionals to ensure the safety and wellbeing of individuals using the service, is put in place.

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.

Timescale for full review and completion: No later than 8 November 2017.

This requirement was made on 31 October 2017.

Action taken on previous requirement

The circumstances relating to this requirement had been reviewed by the management team. The policy and approach on providing 1-1 support had been changed so that the necessary resources would be put in place without delay with the funding authority being notified at the earliest opportunity to discuss and agree the ongoing management plan. Although 1-1 support had not been required in practice since this requirement had been made, we were satisfied that taking this approach should help to address the needs of individuals needing this enhanced level of supervision and support.

Met - within timescales

Requirement 8

The service provider must be able to demonstrate that the clinical emergencies policy is adhered to in the event of neurological observations being carried out and full documented records are kept.

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.

Timescale for full review and completion: No later than 10 November 2017.

This requirement was made on 31 October 2017.

Action taken on previous requirement

The clinical emergencies policy and the monitoring of neurological observations had been revisited with staff. We reviewed the management of a fall where a resident had sustained a minor head injury and saw that staff had carried out the correct post fall checks and support, including neurological observations. We advised the management team to continue to review all accidents of this nature to ensure that staff maintained good practice.

Met - within timescales

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

Previous recommendations

Recommendation 1

The provider should continue to review staffing levels on duty in accordance with increasing occupancy levels to ensure that there are enough staff available at any point to meet the needs and choices of the resident group.

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

This recommendation was made on 4 May 2017.

Action taken on previous recommendation

Dependency assessments had been carried out each month. Our observations concerning the quality of care and the availability of staff were positive as was the feedback we received from the people we spoke to. Staff were available and residents received the support they needed without having to wait. Although there continued to be vacancies for registered nurses, efforts had been made to secure regular agency staff to promote continuity for residents and recruitment was ongoing. This recommendation had been met.

Recommendation 2

Where service users are to be resident for a period of respite, the provider in addition to recording property on arrival, should also record property removed from the home.

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

This recommendation was made on 4 May 2017.

Action taken on previous recommendation

We saw that the property sheet for a resident who had recently been in the care home for a period of respite had been completed on admission and discharge. The manager advised that this practice would continue. We said that the format of the current property sheet would benefit from review to make the recording of residents belongings more detailed as this helps to make the identification of items easier. This recommendation had been met.

Recommendation 3

The service should ensure that service users' safety is not compromised by ensuring that vulnerable service users do not have access to potentially harmful products.

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

This recommendation was made on 4 May 2017.

Action taken on previous recommendation

Our observations of the home environment were satisfactory. This recommendation had been met.

Recommendation 4

The provider should ensure that individuals have the opportunity to take part in physical activities in or outside the home and records reflect that these have been offered.

National Care Standards – Care Homes for Older People, Standard 14: Keeping well – healthcare.

This recommendation was made on 31 October 2017.

Action taken on previous recommendation

Please refer to the action taken in response to requirement 1 earlier in this report and the related recommendation.

Recommendation 5

To ensure dignity and respect is maintained, the provider should ensure that individuals personal hygiene needs are met without delay.

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

This recommendation was made on 31 October 2017.

Action taken on previous recommendation

We saw that staff had undertaken themed supervision that had included the provision of personal care using reflective practice as part of their learning. During the inspection, we saw staff attending to residents promptly when they needed support with their personal hygiene. Our observations and the feedback we received from the people we spoke to were also positive concerning standards of personal care. This recommendation had been met.

Recommendation 6

The provider should ensure that all training delivered is effectively evaluated to ensure that outcomes for individuals using the service are being monitored and reviewed on a regular basis.

National Care Standards – Care Homes for Older People, Standard 5: Management and staffing arrangements.

This recommendation was made on 31 October 2017.

Action taken on previous recommendation

We concluded that more work was needed in response to this recommendation. We discussed the way that training and development could be linked to the supervision process, including observational supervision, to

assess whether staff are putting their learning into practice. The importance of staff becoming more skilled at reflecting on their day to day practice was also discussed and we shared the Scottish Social Services Council's 'Common Core of skills, knowledge and values' with the manager as a good tool to support staff in developing their self awareness and reflective practice skills. We continued this recommendation.

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	
18 Jan 2018	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Nov 2017	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
4 May 2017	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
31 Oct 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
22 Apr 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
10 Nov 2015	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
3 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
28 Nov 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Jun 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
8 Jan 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	5 - Very good
4 Jun 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
1 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
14 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 3 - Adequate 4 - Good
1 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
25 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 4 - Good 4 - Good
30 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
9 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 3 - Adequate
2 Dec 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
8 Jun 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good
19 Nov 2008	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 4 - Good Not assessed

Date	Type	Gradings	
19 Aug 2008		Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good

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