

Canderavon House Care Home Service

34 Queen Street
Stonehouse
Larkhall
ML9 3EE

Telephone: 01698 793454

Type of inspection: Unannounced
Inspection completed on: 17 April 2018

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Care service number:
CS2003001335

About the service

Canderavon House is a registered care service for a maximum of 43 people, of whom a maximum of 11 clients (8 in specified unit) can be in receipt of respite/short break care.

The registered provider is South Lanarkshire Council. The care home is a purpose built two storey building situated in the Stonehouse area of South Lanarkshire.

Canderavon House is accessible to public transport routes, bus or motorway. Situated just off the main street residents are within close proximity to local amenities.

The building offers accommodation across four units, each room has en-suite facilities. The service also provides communal toilets and bathing facilities. Each unit provides shared public spaces, a lounge and dining area.

The grounds are well kept, offering a secure and spacious area with plants and seating for residents and visitors to enjoy. There is car parking to the rear of the building.

One unit within Canderavon House is now a designated intermediate care unit, as part of the integration of health and social care. This involves admitting people from hospital for a short period of reablement. During this time staff support and promote their independence under continual supervision and assessment. The anticipated outcomes for this short period of respite are to reduce unnecessary, prolonged periods in hospital and support individuals in returning to their own homes.

The home states its aim is to "provide a good quality of life for service users, affording privacy, dignity and choice in a homely, comfortable and welcoming environment. Independence and individuality are encouraged and service users rights as citizens promoted"

What people told us

Prior to this inspection we issued fifteen care standard questionnaires to people using the service, as well as relatives/carers. At the time of inspection we had received four completed questionnaires from residents and two from relative/carers.

All responses indicated that overall people strongly agreed/agreed that they were happy with the quality of care within the home.

We spoke with a number of individuals who either used the service or were visiting relatives/friends who were residing there. Some residents were unable to tell us their views on the service and the care they received and we spent time engaging with residents and observing practice,

Some comments we received were as follows:

"The senior staff are all fabulous"

"Carers are a mixed bag...a smile costs nothing"

"The care is fabulous, two carers in particular are fantastic"

"The only negative is there is not a lot going on, you see staff chatting amongst themselves instead of chatting to (residents)"

"The new alarm on the garden door prevents us from going out"

"I see minimal social interaction with the residents when I visit but everyone is well cared for"

"The tv lounge has become the "staff room""

Self assessment

We did not request a completed self assessment prior to the inspection. Instead we discussed and assessed the progress of the service using their own improvement/development plan as part of their internal quality assurance.

See the body of the report for improvements identified.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We found that consultation and meetings with residents, relatives and stakeholders had been minimal since the previous inspection. While the service had a planner for regular booked activities we found day to day activities were limited. Relatives we spoke with also commented on a lack of stimulation throughout the day. It is important that residents have access to a varied range of activity as it helps promote good physical and mental health.

(see recommendation 1)

Care plans provided some good, person centred, information on individuals needs and preferences and how staff should support these. Residents benefited from a designated GP practice and staff were confident referring to other healthcare professionals with any concerns.

We found the medication administration and topical medication charts were being completed in accordance with best practice guidelines.

The service had improved care plan information regarding Power of Attorney, Guardianship, Anticipatory Care Plans and Do Not Attempt Cardiopulmonary Resuscitation.

Some of the care plans sampled required more detail when a specific risk had been identified and about individuals specific healthcare needs. Care plans should detail how these present and how staff are expected to manage these appropriately.

Charts used to monitor fluid intake did not always provide a total over a 24 hour period. Other additional monitoring charts had gaps which could have a detrimental effect on the persons wellbeing if not completed and assessed correctly. The previous requirement has been repeated.

(see Requirement 1)

The provider used a recognised dependency tool. As there were limited auditing systems, we were unable to see if day to day staffing levels were being influenced by changing needs of residents. While we could see that staff were available, due to the closure of one unit and the limited number of residents in another, we felt that the tool used did not take into account the changing needs of residents or the environmental layout of the service. The provider should review this tool.

Requirements

Number of requirements: 1

1. The provider must ensure that each care plan sets 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 these plans:

- Accurately reflect all the current healthcare and needs of individuals and how staff are expected to manage these appropriately.
- Include accurate up to date information about care and support which is fully evaluated to provide an explanation on changing needs which are reflected within the relevant section of the care plan.
- Have a full range of risk assessment tools in place to demonstrate the current level of risk and how staff are expected to manage this effectively for each individual, including any follow up to incidents which have occurred with evidence of consultation and review of this process.
- Daily progress notes, additional observational charts and those used to monitor food intake must be fully completed and evaluated, to ensure the healthcare needs of residents who have been identified as at risk, are followed up and positively actioned.

Health and Social Care Standards - My Support, my life; 1.15 "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices

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) - Welfare of users

Timescale for implementation: To be completed by 19 November 2018

Recommendations

Number of recommendations: 1

1. The service should develop the range of activities that are available for people who use the service on a day to day basis, ensuring that such activities are responsive to the age, abilities and preferences of the resident.

Health and Social Care Standards - My Support, my life; 1.25 I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

Grade: 4 - good

Quality of environment

Findings from the inspection

There was a secure door entry system which had recently been reviewed by the service to minimise risks. The previous requirement regarding this has been met.

The car park is situated to the rear of the road into the service and there is a secure garden area for residents and relatives to access. We assessed the new security feature that had been installed on the door leading to the garden and felt that this was restrictive to residents and their families who wished to access the garden independently and also the noise level of the alarm could be disruptive to residents.

While we understand the reasons behind the installation of this security feature the service should review the need for this currently.

Rooms appeared personalised, demonstrating people had been consulted and involved in the quality of their environment. There was a designated smoking area, hairdresser and small pantry areas in each of the units, which provided people with the facility to make a drink or light snack.

A variety of equipment was used to reduce risks to residents. These included wheelchairs, pressure mats, hoists etc. Maintenance checks were up to date for these pieces of equipment.

We sampled repair records and were unable to confirm how long the service waits to have repairs completed by the providers centralised repair service. We were concerned with the length of time it had taken to replace certain bathroom items. We found records that showed emergency lighting with faults for a substantial amount of time without any record of repairs being completed. However, after the inspection we were informed that staff were recording this in error and emergency lighting was not faulty. More thorough auditing of outstanding repairs by the management team would have resolved this prior to the inspection.

We found that fire safety and gas safety inspections had been completed, both with recommendations. However, we were unable to see that the service had noted these or had developed a plan of action to address them. The previous recommendation has been reworded and repeated.
(see recommendation 1)

Signage across the service was poor, within resident rooms we found bathroom signage that would have been confusing to an individual with a cognitive impairment. Appropriate signage is important to people living with dementia as it assists the freedom of movement of individuals throughout the service.

We found a communal bathroom that was cluttered and being used for storage. We found that the majority of the communal bathrooms required refurbishment to provide a more homely environment.
(see repeat recommendation 2)

We again found some rooms had portable heaters which posed a risk of trips and falls and could be hot to touch increasing the risk of injury. Again some of the hot water units in the communal pantry areas had faulty locks resulting in direct access to boiling water. The previous recommendation has been repeated.
(see recommendation 3)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. There should be clear records to demonstrate any actions taken as a result of issues raised through audits or by regulatory bodies.

Where repairs and maintenance requests have been identified the manager should implement a system of recording the date of resolution.

These records should be reviewed and audited regularly to ensure that there are no lengthy delays.

Health and social care standards - My Support, my life; 5.17 My environment is secure and safe; 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

2. The manager should develop a plan to demonstrate how the environment will be maintained. This should include:

- Areas requiring improved signage
- A review of the communal bathroom areas
- A review of the cleanliness throughout the service and levels of infection control

Health and social care standards - My Support, my life;

5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

5.11 I can independently access the parts of the premises I use and the environment has been designed to promote this.

5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices

3. The manager should ensure that all portable heaters and hot water units have been fully assessed and are fully operational and safe to use, without posing any risks to residents/visitors and staff. Residents who choose to have portable heaters should have one which meets with the current health/safety and fire regulations. This should be documented within individual care plans demonstrating how staff have risk assessed and reviewed this regularly to ensure individuals safety, taking into account the location and surface temperature of these heaters when in use.

Health and Social care Standards - My Support, my life 5.17 My environment is safe and secure

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Residents and relatives generally spoke positively about the staff group and how they were supported. Staff we spoke with appeared committed to delivering a high standard of care for the residents.

A record of staff registration with the Scottish Social Services Council was kept and this confirmed that staff were appropriately registered to work in care services.

Staff continued to receive regular one to one supervision where they had the opportunity to review their practice and identify any training needs. We found that the supervision process had become much more reflective however supervisors should ensure that any actions agreed were reviewed at the next meeting.

South Lanarkshire Council has a learning and development department who circulate the training calendar to all staff through their internal electronic system. Staff told us they received appropriate training to support them in their role and to deliver positive outcomes for the people who use the service. However we did find gaps in some training records and some training that now required reviewed and refreshed for staff due to the length of time since it had first been delivered.

The areas for improvement identified through this report highlight that further staff training is required/would be beneficial in the following areas, care planning, completion of daily charts, meaningful activities and quality assurance.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

A new manager had recently been recruited within the service, prior to this the service had been managed by an experienced member of staff.

The new manager had come into the post with a good understanding of what is expected of a service quality assurance system and we will look at how this has improved outcomes for people who use the service during the next inspection.

We found that the service had a system of auditing tools to measure the quality of the service and identify what required improvement. However we found that the audits were not driving forward improvement, we found that identified actions from audits were not being addressed.

Action plans and priorities for the people who use the service should be discussed both at a management level and with the staff team.

We have noted a number of areas for improvement and development throughout this inspection report where a better use of quality assurance would have highlighted issues, giving staff the chance to rectify them. (see requirement 1)

Requirements

Number of requirements: 1

1. The provider must have an overview of the whole service. Quality assurance systems must be reviewed and improved in order to recognise risks, mitigate these and improve outcomes. Audits should include, but are not limited to;

- Health care audits, such as wounds, weights, falls and continence
- The quality of care plan information
- The quality of the environment
- Accidents/incidents
- Staff training

Health and Social Care Standards - My Support, my life; 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes; 4.23 I use a service and organisation that are well led and managed

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) - Welfare of users

Timescale for implementation: To be completed by 19 November 2018

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

The service provider must ensure that each care plan sets 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 these plans:

- Accurately reflect all the current healthcare and needs of individuals and how staff are expected to manage these appropriately.

- The care plans for specific needs, for example, indwelling catheters must provide staff with information on how to clean, manage, empty and change the equipment used. How to prevent infection, recognise signs of potential problems and when to seek medical advice.
- Include accurate up to date information about care and support which is fully evaluated, to provide an explanation on changing needs which are reflected within the relevant section of the care plan.
- Have a full range of risk assessment tools in place to demonstrate the current level of risk and how staff are expected to manage this effectively with evidence of consultation and review of this process.
- Daily progress notes and additional observational charts used to monitor diet/fluid intake must be completed regularly at designated times throughout the day, to ensure the healthcare needs of residents who have been identified as at risk are met.
- Include accurate up to date information on who has the legal powers to make decisions on a person's behalf and include details of what these powers are and what they mean. All staff should have access to a summary of all this information relevant to each resident, to ensure they are fully aware and confident in their knowledge when sharing this information with other health care professionals.

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 implementation: to be completed by 31 August 2017

This requirement was made on 21 April 2017.

Action taken on previous requirement

The service were still working on improving the content recorded within the care plans, however we found that information held regarding who had legal powers was much improved.

This part of the requirement has been met, the remaining requirement is repeated.

Not met

Requirement 2

The Provider must ensure that personal plans are reviewed at least once in every six month period whilst the service user is in receipt of the service or when there is a significant change to the service users health, welfare and safety needs.

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. Regulation 5(2)(b)(ii)(iii) Personal plans.

Timescale for implementation; to commence immediately with priority given to those outstanding. Then remain ongoing six monthly or when there is a change in needs.

This requirement was made on 21 April 2017.

Action taken on previous requirement

We found no reviews outwith the required legal timeframe.

This requirement is met

Met - outwith timescales

Requirement 3

The provider must ensure the health, welfare and safety of all service users by reviewing and assessing the risk associated with each individual should they choose to leave the building, independently. Where a risk has been identified there must be a clear, written plan of how the service plan to manage this, to ensure the safety and wellbeing of the resident is maintained at all times and be reviewed regularly to reflect any changes.

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 implementation: to be completed by 31 August 2017

This requirement was made on 21 April 2017.

Action taken on previous requirement

Risks had been reduced through the installation of secure door entry. We spoke with the management team who advised that they have no residents at this time who pose a risk to themselves by leaving the care home unsupervised.

This requirement has been met

Met - outwith timescales

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

Previous recommendations

Recommendation 1

The manager should develop an environmental development plan to demonstrate how the provider plans to maintain the environment at a suitable standard until plans to refurbish or rebuild the home have been finalised, including:

- Areas requiring improved lighting and signage.
- Any carpets or soft furnishings requiring replacement.
- Redecoration of rooms and communal areas including communal bathrooms.

This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

This recommendation was made on 21 April 2017.

Action taken on previous recommendation

This recommendation remains work in progress and has been reworded and repeated.

Recommendation 2

The manager should ensure that all portable heaters and hot water units have been fully assessed and are fully operational and safe to use, without posing any risks to residents/visitors and staff. Residents who choose to have portable heaters should have one which meets with the current health/safety and fire regulations. This should be documented within individual care plans demonstrating how staff have risk assessed and reviewed this regularly to ensure individuals safety, taking into account the location and surface temperature of these heaters when in use.

This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment

This recommendation was made on 21 April 2017.

Action taken on previous recommendation

We again found heaters in one individuals room which could pose a trip hazard and hot water spouts in general communal areas that were unsecured.

This recommendation is repeated.

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								
21 Apr 2017	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>Not assessed</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	Not assessed	Staffing	Not assessed	Management and leadership	4 - Good
Care and support	4 - Good									
Environment	Not assessed									
Staffing	Not assessed									
Management and leadership	4 - Good									

Date	Type	Gradings
28 Oct 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
22 Dec 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 4 - Good
31 Mar 2015	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
28 Mar 2014	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
1 Aug 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not assessed Management and leadership 5 - Very good
11 Mar 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
10 Jul 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
12 Oct 2010	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership Not assessed

Date	Type	Gradings	
17 May 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
10 Feb 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 4 - Good 4 - Good
24 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
20 Oct 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.