

## Clyde Court Care Home Care Home Service

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Clydebank  
Glasgow  
G81 2RW

Telephone: 0141 951 1133

**Type of inspection:**

Unannounced

**Completed on:**

26 June 2018

**Service provided by:**

Four Seasons (No 9) Limited

**Service provider number:**

SP2012011925

**Service no:**

CS2012311225

## About the service

Clyde Court has been registered with the Care Inspectorate since 8 February 2013. The home provides care for 70 older people, some who are living with dementia. The provider is Four Seasons (No 9) Limited. There were 58 residents living in Clyde Court at the time of the inspection.

The care home is based in the centre of Clydebank, opposite the shopping centre. There are ample car parking spaces and access to good public transport links.

Residents have access to a communal lounge and dining facilities on each of the three floors of the home. The home offers single bedroom accommodation with en-suite facilities. There is a large atrium area on the ground floor which offers pleasant sitting areas for residents and their families to use.

There is an enclosed patio area with a well-managed garden which residents can access through the lounge area on the ground floor.

## What people told us

There were 58 people living in Clyde Court at the time of inspection, we spoke with 23 of them. We spoke with 10 visitors to the service.

We received mixed views from people living in the home and from their relatives.

Some people told us that they were generally happy with the care and support they received from staff. People told us that the staff were "very nice" and "approachable and friendly". One person said, "I get on very well with the staff".

Visiting family members told that they were kept up to date with changes in their relative's health.

Other people said they were not happy with aspects of their care, specifically the quality of the food and the opportunity to take part in activities.

We were told that there were not always choices of what to eat.

One person told us, "The food is a bit of a hit or miss, some meals are better than others".

Residents commented that there was not enough to do during the day. They said:

"It is a long day, I get fed up "

"I would like to go out, but I can't, I feel confined to barracks"

"I have no company" .

Some residents and relatives told us that they were not involved in service development, as they were not asked for their views.

## Self assessment

We did not ask the service to submit a self-assessment.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	not assessed

## What the service does well

We saw that staff were friendly towards residents, they showed that they were familiar with residents care needs and their preferences. People using the service commented positively about the staff working in the home. We were told " the staff are kind and caring".

Mealtimes were calm and well managed . Staff understood the importance of supporting residents to eat their meal at their own pace to promote an enjoyable mealtime experience.

We saw the activity worker supported residents to take part in planned activities. Residents taking part enjoyed spending time in the garden and at a music event. People said they liked the chance to meet up with other people living in the home.

Resident's healthcare needs were supported by a knowledgeable team of nurses and care workers. We saw that staff called on the local team of health care professionals for advice when needed to support residents care needs.

To ensure that residents receive safe care and support the service had developed a training plan based on best practice guidance. Staff spoke positively about the training opportunities they had access to.

There was a schedule of regular supervision in place. This helps to improve the outcomes for residents by supporting staff to look at their practice and evaluate their training needs.

There were systems in place to ensure that staff working in the service had been recruited safely in line with best practice guidance. This ensured that people using the were being safeguarded.

## What the service could do better

We had difficulty determining how individual's nutritional needs were being managed. We had concerns about the potential for a negative impact on resident's health and well-being. There were poor records to demonstrate that nutritional needs for individual residents were being effectively managed. We had difficulty determining if risks associated with eating and drinking were being accurately assessed and monitored.

See requirement 1.

We saw there were long periods of time when residents had no attention or interaction from staff. Staff were task driven and not focused on the individual person. Residents commented that there was not enough to do

and that activities were not of interest to them. There was a need to develop the availability and range of meaningful activity in the home to engage resident's interests and give purpose and enjoyment. See recommendation 1.

There were meetings scheduled for people who use the service to attend. However, there was little evidence that many residents participated in the meetings. It was difficult to see how the outcomes of meetings were used to inform service development in a meaningful way. The provider should look at ways to involve people who use the service in its development, including residents living with dementia. See recommendation 2.

We saw that at times staff were driven to complete tasks rather than focus in a person centred, responsive approach to care of residents. Staff would benefit from further development of their dementia care skills and knowledge to develop a person centred approach to care and support for the people living in the home. See recommendation 3.

We sampled resident's personal plans to determine how residents care and support needs were being managed. Not all personal plans were up to date; many did not reflect the current care and support needs of individuals. There was a lack of information in place to guide staff how best to support individuals in a consistent and safe way. See recommendation 4

There was a continued need to develop systems to monitor clinical healthcare issues for residents to ensure that care and support was effective and safe. This included the monitoring and management of wound care. See recommendation 5

We had difficulty determining if resident's topical medication was being managed effectively and applied as directed by the prescribing GP. See recommendation 6

To raise standards of practice and increase the protection of people who use services, all care staff should be registered with the Scottish Social Services Council (SSSC). Care staff working in the service were registered with the SSSC. However, not all staff in a supervisory capacity were registered in the correct part of the register. See recommendation 7

## Requirements

### Number of requirements: 1

1. By 30 November 2018, the provider must ensure that the service delivers responsive and effective support to manage residents' nutritional needs and risks associated with eating and drinking.

In order to do this the provider must do the following:

- ensure that the nutrition and hydration needs of those service users identified as being at risk of malnutrition or dehydration are being regularly assessed and adequately met
- ensure charts used to monitor food and fluid intake are fully completed and used to inform care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

"I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing that I may be unhappy or may be at risk of harm." (HSCS 1.15) and in order to comply with Regulation 4(1)(a) Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Recommendations

### Number of recommendations: 7

1. The provider should improve the range and availability of meaningful activities offered in the home considering residents' preferences and choices. Staff should be supported with dementia care training. This would ensure that staff develop the skills and knowledge to deliver meaningful activity for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state-

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

2. People using the service should be meaningfully involved in the development of the service. The provider should actively gather the views of people using the service to inform sustained improvement of outcomes for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state-

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7)

'I am actively encouraged to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8)

3. To improve the skills and knowledge of staff and develop a responsive, person centred approach to care the provider should ensure that staff receive training in dementia care.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state,

" I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)

4. Residents' personal plans should be developed to demonstrate out how the health, welfare and safety needs of the individual are to be managed and met. In particular, the provider should ensure that all residents have personal plans which:

- accurately reflect all their current needs
- include information about necessary care and support interventions and fully reflect the care being provided
- include information about care and support that is up to date and regularly evaluated

- utilise risk assessments to inform care planning
- reflect a person-centred approach and are developed in line with the Health and Social Care Standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices.' (HSCS 1.15)

5. To make sure residents receive safe and effective clinical care provider should further develop clinical governance systems to monitor the quality of care. This includes, but is not restricted to, the management of wounds.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state,

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCP 4.9).

6. The provider should ensure that residents benefit from having their topical medication managed in line with best practice guidance and administered as prescribed.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state,

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

7. To safeguard people who use the service the provider should ensure that supervisory staff are registered correctly with the Scottish Social Service Council.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Inspection and grading history

Date	Type	Gradings
25 Jul 2017	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
14 Jul 2016	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
12 Jan 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
27 Apr 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
21 Oct 2014	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and leadership 2 - Weak
16 May 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
15 Jan 2014	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed Management and leadership Not assessed
20 Aug 2013	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
24 Apr 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate



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