

Ardencraig Care Home Care Home Service

15 Ardencraig Place
Castlemilk
Glasgow
G45 9US

Telephone: 0141 634 4243

Type of inspection:

Unannounced

Completed on:

17 July 2018

Service provided by:

Thistle Healthcare Limited

Service provider number:

SP2003002348

Service no:

CS2003015202

About the service

Ardencraig Care Home is registered to provide a care service to a maximum of 26 older people and 64 adults with physical disabilities and mental health issues. The provider is Thistle Healthcare Limited.

The service has been operating since 2002 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

The service operates from a purpose-built two storey building. The ground floor is made up of two units; one where care is provided to older people and the other for people may have a diagnosis of alcohol related brain damage (ARBD) or acquired brain injury (ABI). The upper floor of the home operates as one large unit, where support is provided to people with ARBD.

The home is situated off a main road in the Castlemilk area of Glasgow and is nearby to shops, transport links and other public amenities. Some parking is available within the grounds of the home, and alternative off street parking can be accessed directly outside of the home. Accommodation includes single ensuite bedrooms, communal lounges/dining rooms and a cafe area. There are garden areas located at the rear of the property and an inner courtyard can be used when weather allows. A smoking room is located on the upper floor of the home.

At the time of this inspection support was being provided to 82 people, of which 17 were older people and 65 people had needs associated with ARBD.

The provider agreed that the aims and objectives of the home needed to be reviewed to take account of the different needs of people who could be admitted to the service.

What people told us

Feedback from people and their relatives was mixed about their experiences and views of the service. Comments included:

"Food is good."

"Feel safe here."

"Staff are nice, we have a laugh."

"Go to outings...not bad that way...activity organiser tries his best to put things on."

"Happy here, no complaints."

"They change the rules all the time... for example, I used to sit at another table for my dinner, now told to sit at another table...not happy."

"Never ask me my views. Never been to a residents' meeting and never been asked to go..."

"One woman is authoritarian, should not be in the job."

"Some staff better than others...not a nice atmosphere."

"Staff have got into a culture, sometimes they make you feel good, sometimes they make you feel just like a number...you know they care but sometimes they switch."

Self assessment

Although the service was not required to submit a self-assessment for this inspection, we discussed the merits on continuing to work on gathering evidence to support and explain grades and continuous improvement.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The views of people using a service should be sought and their choices respected, including when a person has reduced capacity to fully make their own decisions. We received some positive feedback from people and relatives in relation to the quality of care. However, we were concerned regarding the strength of negative comments made by some people about their experiences of living in the home in relation to feeling that they were not always treated with dignity and respect. The provider was not aware of the degree of dissatisfaction held by some people about the quality of service. (See Requirement 1).

People should be sure that their health needs are well supported. Visiting health professionals made positive comment about improved communication, along with the home's approaches to managing falls and care for people who may be at risk of malnutrition. Some people required special diets and we noted that the list for this in the kitchen was not based on current information. Although this was rectified during our visit, this is a risk area that needs to be managed more effectively as it has potential to result in harm for a person if given the wrong diet as assessed by a health specialist. (See Recommendation 1).

Personal plans are right for people if they set out how a person's needs will be met, as well as their wishes and choices. Whilst we acknowledge that the provider has plans to develop personal plans to be more outcome focused, we found significant gaps in information and a lack of detail in personal plans. For example, some personal plans did not have risk assessments that we expected to be in place and behaviour support plans were very limited in relation to how staff would manage situations in order to protect people from harm and promote positive behaviours. This is a priority area of work for the service, as a number of related incidents had taken place that had been reported under adult support and protection for social work to investigate which is a indicator of significant concern for us. (See Requirement 2).

We also noted that care plans for palliative care needed attention and contradictory information in relation to a special diet. A number of protocols could not be provided by the service to help us understand how 'as required medication' would be used to achieve better outcomes for people. The lack of detail and absence of important information within personal plans that we have referred to means that people could be at risk of harm, because staff do not have the necessary information that they need to proactively support people in a way that keeps people safe and delivers care that is reflective of good practice. (See Requirement 2).

How people spend their day is important in maintaining people's wellbeing. The new management team had identified the need to improve meaningful activity for people. A couple of weeks before our visit there had been an increase in staffing allocated to supporting activities. We were impressed with the work done in this short period of time by the activities team and action planned to develop individually tailored activities and care plans.

People should be empowered and enabled to be as independent and as in control of their lives as they want and can be. For people living in the home who had alcohol related brain damage (ARBD) we found that most people spent a large amount of their day in the smoking room and that rehabilitation and recovery was not a focus of support. The provider advised us that an organisational steering group was in place to look at the current model of care to include a rehabilitation pathway for people with ARBD.

Requirements

Number of requirements: 2

1. The provider must improve how it seeks and responds to the views of people living in the home and/or their representatives. This must show that through effective and responsive engagement that the provider is aware of people's experiences of the quality of care and takes action to address improvement in this area to ensure better outcomes for people. In order to demonstrate this:

(a) the engagement and participation policy for the home must explain the provider's approach to seek people's views.

(b) engagement and participation methods available to people must be measured and evaluated as part of quality assurance to demonstrate that the provider is aware of people's experiences and views, and that action is taken when improvement is needed.

(c) in line with good practice, an independent body, such as advocacy must be part of the providers approaches to seeking the views of people living in the home.

This ensures that people are fully involved in all decisions about their care and support which is consistent with the Health and Social Care Standards, which state 'I am supported to use independent advocacy if I want or need this (HSCS 2.4) and 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions (HSCS 2.11). It is also necessary to comply with Principle 3 and Regulation 4 (1) (a) (b) Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 8 October 2018.

2. The provider must improve the information in personal plans to show that people are being supported to have good outcomes in relation to physical and mental health. Priority must be given to care plans and risk assessments for the management of positive behaviour support, palliative care, nutrition and 'as required' medication. In order to demonstrate this:

(a) the quality of personal plans must be monitored as part of staff supervision and audit processes to show that information is up to date and reflects best practice.

(b) outcomes must be written in a way to show that support is specific to the person.

(c) evaluations of care plans and risk assessments must reflect progress that a person is making or explanation as to why an area continues to be a support need.

(d) personal plans, including care plans and risk assessments must be discussed as part of staff forums to demonstrate that staff understand and are following information that is required to support people in line with their needs and wishes, and to keep people safe.

This ensures that people experience high quality care and support that is consistent with the Health and Social Care Standards, which state '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 (HSCS 1.15). It is also necessary to comply with Regulation 5 (1) (2) (iii) Personal Plans of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 8 October 2018.

Recommendations

Number of recommendations: 1

1. In order to ensure that written information held by kitchen and care staff about people's special needs is correct, the management team should introduce a system to check this for accuracy on a daily basis.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'My meals and snack meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37)

Grade: 2 - weak

Quality of environment

Findings from the inspection

For people who experience care and support in a group, the experience should be within a homely environment with use of a comfortable area with soft furnishings to relax. We saw that spaces like this were available for people, and comment was made about environmental improvements being made under the new management team. However, in contrast the upstairs area of the home was very institutional in feel and appearance. This was not helped by having the only smoking room for the home upstairs, which was located within a dominant central point.

The provider has plans to separate upstairs into two units, which would support smaller group living. We were advised that people living in the home did not wish this change to take place. It is important that people's views are respected. However, for many people who experience long-term care their expectations can be low and they may struggle with change. Therefore it is for the provider to help people realise what is meant by a high quality environment in the context of good practice. (See Recommendation 1).

During our visits we noticed that some people were queuing up outside a staff office to receive their cigarettes. Whilst we understand the aim of staff holding cigarettes for people in relation to risk and safety, the practice we observed comprised dignity for people and does not support modernised thinking in relation to recovery. (See Recommendation 2).

We found most of the home to be generally well maintained, and that a programme of redecoration was taking place. The smokers room should be prioritised for redecoration, and some toilet/bathrooms needed to be freshened up to make them more welcoming.

The housekeeping of sluice rooms and the smokers room needs to be monitored more closely. In order to support good practice in relation to infection control, the provider agreed to look at a dirty to clean cycle within the laundry room.

Four bedrooms on each floor of the home had floor to ceiling glass instead of walls that faced onto public corridors. It was not clear why this was the case, and we have asked the provider to explore this in relation to design that demonstrates a high quality environment.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. In order that people living in the home are helped to realise what is meant by a high quality environment, the provider should develop an improvement plan to support how this will be done. This should include external involvement and support from advocacy.

This ensures that people are fully involved in all decisions about their care and support which is consistent with the Health and Social Care Standards, which state 'I am supported to use independent advocacy if I want or need this (HSCS 2.4), 'I am supported to understand and uphold my rights (HSCS 2.3) and 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions (HSCS 2.11).

2. In order that people are supported to manage the storage of their cigarettes in a way that promotes dignity and recovery, the provider should develop care plans to demonstrate how this will be done.

This ensures that people are fully involved in all decisions about their care and support which is consistent with the Health and Social Care Standards, which state 'I am empowered and enabled to be as independent and as in control of my life as I want and can be (HSCS 2.2).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People should experience stability in their care and support from staff who know their needs, choices and wishes. We were told by staff, relatives and some visiting professionals that this was an area that needed attention because of staff vacancies and the heavy use of agency care and nursing staff.

The provider advised us that they were using the same agency staff to ensure as much consistency as possible for people. At the time of our inspection we noted improvement in care worker vacancies, although there were still considerable vacancies for permanent nurses. This was an active area of recruitment for the service.

The overall feedback from staff was that morale was improving as a result of the new management team. All staff that we spoke with said that they would not hesitate to report a wrong doing in relation to the care of people. This is an area that we believe needs to be looked at further. We have said this because of the critical feedback we received from some people about some staff, and a recent incident involving inappropriate verbal communication with a service user which could suggest longstanding cultural issues where staff may have not been actively challenging poor practice. (See Recommendation 1).

People should experience high quality care and support based on relevant evidence, guidance and best practice. It was good to see the recently introduced development programme for senior carers, which included a focus on leadership and other recognised areas of good practice. Plans were in place to roll this out to nurses and then carers.

Whilst there had been improvement in staff training over the last 12 months, we found some gaps and could not see how training was followed up to determine what difference this was making to staff practice in order to improve the quality of care provided to people. (See Recommendation 2).

We were pleased to hear of a supported person's involvement in the recruitment of staff. This is a positive development. We were reassured that the new management team acknowledged that some previous approaches to recruitment were not in keeping with good practice, and had already taken action to improve in these areas.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. In order that people receive high quality care from staff who are alert to any indicator that may cause harm to a person, the provider should demonstrate what the culture of the service is through seeking people's views and through direct observations of staff practice.

This ensures that people have confidence in the staff that support and care for them which is consistent with the Health and Social Care Standards, which state 'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention (HSCS 3.1).

2. In order that staff have the necessary information and skills to support and care for people in a way that is right for them, the provider should ensure that staff receive training and education that reflects the needs of people that they support with specific attention to:

(a) activities training for staff that relates to the specific needs of people with dementia and alcohol related brain damage.

(b) recovery and rehabilitation approaches in the context of people who have needs associated to mental health and alcohol related brain damage.

Training and education that staff receive should be evaluated to show what difference it is making to the quality of care provided to people living in the home.

This ensures that care and support that 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).

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Since the last inspection the service had been through a difficult and unstable time regarding changes to staffing and management which had impacted on aspects of service performance. At the time of this inspection the local management team had been in post for just over four months, and the external manager for nine months.

Feedback that we received from staff highlighted the beginning of change for the better in relation to staff morale, improving the level of staff vacancies, food menus, environmental changes and a commitment to improving resources to support meaningful activity for people. Whilst we fully acknowledge this feedback, some of our findings have highlighted potential risk to people because of areas that require to be improved in order to demonstrate robust governance and effective follow-through by both local and external management of the service to ensure better and safer outcomes for people.

For example, we could not see an analysis of behaviour related incidents to show that themes, trends and root causes were being identified to bring about change and improvement that was needed. The absence of a management overview of accidents and incidents means that risk to people is not clearly known, and as a result this mitigates the ability to respond effectively to the needs of people living in the home. (See Requirement 1).

We queried the quality of information made available to us in relation to medication audits, as we had only been notified of one medication error in the last 12 months. In comparison to other service types this is very unusual and raises questions regarding approaches to quality assurance. This is a significant area of concern as the diligence of quality checks on medicine management provides confidence that practices are keeping people safe. (See Requirement 1).

We also observed the shift handover from night to day shift in each unit, and found weaknesses in the leadership and quality of information provided to staff. This meant that staff were not properly informed of people's needs for the shift ahead, which had potential to compromise the quality of care and lead to lesser outcomes for people. In addition, the service did not have a complaints log to show action that had been taken in relation to complaints. As a result of this we could not be confident that the provider had taken necessary action to improve people's experiences that had led to having to make a complaint. (See Requirement 1).

Whilst a service development plan was in place that showed areas that needed to improve, this required more detail to explain why change was needed along with specific details that could be measured and evaluated with key people involved in the service. (See Requirement 1).

As part of information sharing from other agencies involved in the service, we attended a meeting hosted by social work in relation to concerns about the service that had been brought to their attention. During this meeting we were not assured by the provider's response to acknowledge third party concerns and their commitment to positively engage with key partners in the spirit of collaborative working for improvement. This raised concern for us in relation to the provider's capacity for improvement and their ability to accept feedback from external stakeholders that are involved in the service.

Requirements

Number of requirements: 1

1. The provider must ensure that quality assurance for the service is responsive and is carried out effectively to show good governance that contributes to high quality care. In order to demonstrate this:

- (a) routine and regular management monitoring of the quality of care and support, environment, staffing and management and leadership must include analysis that identifies themes, trends and root causes and action taken on follow-up to effect change or improvement that is needed.
- (b) quality audits relating to complaints, shift handovers, accident, incidents and medicine management must be accurate, kept up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay.
- (c) the service improvement plan must be made available to key people to show actions being taken by the provider in response to quality audits and what people living in the home, relatives, staff and external stakeholders are identifying as areas for improvement.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I use a service that is well led and managed' (HSCS 4.23). It is also necessary to comply with Regulation 4 (1) (a) Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 8 October 2018.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The provider should prioritise the roll out of outcome focussed personal plans. Regular checks should be carried out on all personal plans to make sure that key information is consistently recorded accurately and that only information that is relevant to individual service user needs is contained in each plan. If staff need more training on care planning then the provider should arrange this.

NCS 5 Care Homes for Older People – Management and Staffing Arrangements.
NCS 6 Care Homes for Older People – Supporting Arrangements.

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

Further work is needed in relation to personal planning – this is reflected under quality theme care and support, requirement 1.

Recommendation 2

Staff training in areas of mental health, ARBD and dementia needs to be developed beyond the foundation or informed practice level in order to further improve the quality of specialist support service users at Arden Craig receive. Such training should take account of, (but not exclusively), best practice guidance from the Mental Welfare Commission and Scotland's National Dementia Strategy, (see <http://www.gov.scot/Topics/Health/Services/Mental-Health/Dementia/DementiaStrategy1316>).

Consideration should be given to accessing specialist training in these areas using existing professional networks as well as local training resources.

Other useful information is available at

<http://www.sskss.org.uk/>

<http://hub.careinspectorate.com/>

<http://dementia.stir.ac.uk/information/links>

NCS 5 Care Homes for Older People – Management and Staffing Arrangements.

This recommendation was made on 14 August 2017.

Action taken on previous recommendation

Further work is needed in relation to the above recommendation, processes were not in place that could demonstrate the improvement on specialist care - this is reflected under quality theme staffing, recommendation 2.

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
30 Jun 2017	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
27 Sep 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
28 Sep 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
24 Sep 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 4 - Good
28 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 4 - Good
5 Oct 2012	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
18 Jan 2012	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed

Date	Type	Gradings	
28 Jul 2011	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Aug 2010	Announced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
4 Mar 2010	Unannounced	Care and support	Not assessed
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
26 Oct 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
31 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Sep 2008	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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