care inspectorate

Canniesburn
Care Home Service

Switchback Road
Bearsden
Glasgow
G61 1QN

Telephone: 0141 943 2003

Type of inspection:
Unannounced

Completed on:
24 July 2018

Service provided by:
Canniesburn Carehomes Ltd.

Service provider number:
SP2007009284

Service no:
CS2003010438

HAPPY TO TRANSLATE

About the service

Canniesburn Care Home is located in a residential area of Bearsden. The care home is owned by Canniesburn Carehomes Ltd. This service registered with the Care Inspectorate on 1 April 2011. Canniesburn Care Home is registered to provide care and support for 115 older people, who are frail and/or have dementia. There were 84 people living in the home at the time of the inspection.

Accommodation is located over two floors. All bedrooms are single and have an en-suite toilet with wash hand basin. There are a number of lounges and dining rooms on each floor. The home has two conservatories leading to the garden at the rear of the care home and a café area with conservatory at the front of the building.

The aims and objectives of the provider were stated as follows:

"The Management and Staff, shall meet all your assessed needs, in relation to accommodation, meals, activities, support, care, including, where applicable, nursing care. We aim to meet each Service User's identified physical care, their social care, psychological and spiritual care."

What people told us

People told us that they were generally happy with the care and support they received from staff. We were told that the staff were "friendly and hardworking".
One person said, "The staff are helpful and kind ".

Some people commented that there had been changes in staff.

One person said, "I don't always know the staff that are on, there are lots of new ones".
People told us that they found the changes in staff unsettling.

Some family members commented that they had concerns about the amount of staff on duty. They said that at times there were not enough staff in the home. They also commented that there were not always nurses available in the units upstairs.

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

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

Some residents commented positively about being able to get out on trips to places of interest.
However, many people commented that there was not enough to do during the day.
They said:

"It can be a very long day"

"I want to get out more, I know they have a mini bus but I've not had many chances to get out"

"I'm not interested in the things that are going on"

"There's not a lot to do"

"I want to get out more, even just into the garden, but I need help and the staff are very busy"

"I know the staff are very busy, but it would be nice if they had time for a chat"

"People seem to spend lots of time on their own. There are not always staff in the sitting rooms. I don't think there is enough for people to do".

We received mixed comments about the environment. Some residents told us that they were happy with their bedrooms, that they were comfortable.

One resident said, "The place seems clean enough".

Some people told us that they thought the home needed redecorated. We were told that the home was "shabby" and it was not free from smells.

Some residents said the food could be better, there were choices but the menu was repetitive.
One person said, "The food is a bit of a hit or a miss, I don't always like wants on the menu".

Self assessment

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

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

We saw that staff were kind towards residents. They showed that they were familiar with residents care needs, their preferences and their families. We were told, "The staff are nice and friendly".

It is important that residents have opportunities to take part in meaningful activities that engage their interests, are enjoyable and give purpose to their day. There were some group activities in the home. However, we saw there were long periods of time when residents had no attention or interaction from staff. Staff were busy completing tasks and not focused on the individual person. Residents told us that there was not enough to do. See recommendation 1.

Views about the quality of the food offered were mixed. Some residents were not as positive about mealtimes or the food available as others. One resident told us "Generally the food is ok, but the menu is repetitive".

We saw that mealtimes could be better managed. This would ensure residents benefited from enjoyable mealtimes and their wellbeing was promoted. There was a need to review the management of mealtime and the menu choices. See recommendation 2.

We were concerned that there was a lack of attention to the presentation of resident's personal appearance. This did not promote the principles of dignity or respect for individual residents. See recommendation 3.

We sampled resident's personal plans to verify how care and support needs were managed. We had difficulty understanding how the information in personal plans would help to guide staff to support individuals in a consistent and safe way. This was because not all personal plans reflected the current care and support needs of individuals. There were inconsistencies in records which should detail wound management. And information regarding the assessment and monitoring of risks was not all up to date. See requirement 1.

We had concerns about the management of resident's medication. We identified a need to ensure that medication was managed effectively and safely to protect resident's health and wellbeing.

We were not always assured that the service was taking account of the best interests of the individual when administering medication prescribed 'as needed' or as 'covert'. See requirement 2.

Requirements

Number of requirements: 2

1. In order to ensure that resident's personal plans set out how the health, welfare and safety needs of the individual are to be managed and met the provider must ensure the following by 30 November 2018.

- that personal plans accurately reflect all the current needs of individuals

- contain systems to assess, monitor and manage risks to residents that are fully utilised and kept up to date to inform care planning. This includes, but is not restricted to, risks relating to falls and nutrition

- include information about care and support interventions and are developed to fully reflect the care being provided

- include information about care and support that is up to date and regularly evaluated

- be developed in consultation with the resident and their representative reflecting choices and preferences of the individual

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)
and in order to comply with Regulation 5(1) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

2. In order to ensure that medication is managed safely and in line with best practice guidance the provider must put in place safe and effective medicines management systems by 30 November 2018.

This includes, but is not restricted to the following:

- medication prescribed to be given 'as needed' is managed safely and in line with best practice guidance

- medication prescribed to be administered covertly is managed in line with best practice guidance from the Mental Welfare Commission

- clear protocols for administration of 'as needed' medication are developed to guide staff

- regular reviews of medication prescribed 'as needed' and 'covert' are undertaken

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

'Any treatment or intervention I experience is safe and effective'
(HSCS 1.24),
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: 3

1. The provider should improve the range and availability of meaningful activities offered in the home considering residents abilities, preferences and choices.

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. The provider should review and develop the management of mealtimes to ensure that residents are supported to enjoy their meals in a relaxed atmosphere respecting their choices and preferences.

Consideration should be given to a review of the menu to ensure choices and preferences are reflected.

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

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible'
(HSCS 1.34)

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.'
(HSCS 1.33)

3. To maintain the dignity of individuals the provider should ensure that appropriate and respectful attention to residents' personal appearance is supported.

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

'My human rights are protected and promoted and I experience no discrimination.'
(HSCS 1.2)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.'
(HSCS 3.13)

Grade: 2 - weak

Quality of environment

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

There were systems in place to ensure the safety of the home and equipment used by residents. However, we highlighted issues that needed prompt attention, such as flooring that was torn and presented a trip hazard for residents.

The care home had a range of areas for residents to spend time, with a choice of sitting rooms on each floor. However, the sitting rooms were not inviting or homely as they were untidy and cluttered. There was a need to redecorate and replace furniture in the communal areas.

There was a café next to the reception area for the use of residents, their families and visitors. This area was being well used during our inspection visit. People told us that there were no longer refreshments and snack available on a regular basis in the café. This was a facility much missed by residents and their visitors because it gave a change of scene and a place to socialise during visits to the home.

The garden of the home was not as secure as it could be and could affect residents safety. We were assured by the management team that this issue was to be remedied within the week.

The environment was not presented as dementia friendly. There was a need to review signage to ensure that people could find their way around the home. This would also encourage independence to move freely between areas. Some décor, such as wall murals, could be disorientating for residents living with dementia.The lighting in parts of the home did not fully illuminate the corridors. This could impact on the risk of residents falling.

We noted that the home was not entirely free from odours. This was commented on by relatives and visitors.

See requirement 1.

Requirements

Number of requirements: 1

1. The provider must undertake a full environmental audit with a view to improving the setting of the home in line with current Health and Social Care Standards.
By 30 September 2018, the provider must send an action plan detailing environmental improvements with timescales for completion to the Care Inspectorate.

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

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.'
(HSCS 5.18)

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

and in order to comply with Regulation 10(2) fitness of premises of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

People we spoke with told us that staff were friendly and kind. There were many comments from people using the service that indicated there was not enough staff. People said there were often staff shortages. Staff told us that they were times when there were not sufficient numbers of staff on duty. This affected their ability to provide care and support as they would want to.

We saw that, at times, the service did not adhere to the staffing schedule agreed with the Care Inspectorate. There were times when staffing was less than the agreed levels. We observed that staff worked hard but had little time to deliver a responsive, person centred style of care that we expect. The care was task driven and not focused on the individual. We saw that this resulted in issues such as a lack of meaningful activity. And a lack of attention to maintaining residents' personal appearance appropriately.

There were issues regarding the deployment of staff within the home and maintaining an appropriate skill mix on both floors. See requirement 1.

We had concerns regarding the knowledge and skills of staff to deliver a person centred approach to care of people living with dementia. Appropriate training would help improve the quality of mealtimes and support residents with meaningful activities. For example, the 'Promoting Excellence programme for dementia learning and development'. This was the subject of a previous requirement, which will continue. See requirement 2

To promote good practice and improve outcomes for residents, staff should have access to regular supervision. We were concerned that regular supervision for staff was not taking place. Regular supportive supervision should be re-established in the home. See recommendation 1.

To ensure that residents were safe, the services must recruit staff in line with best practice guidance. We were concerned that the service had failed to follow their own policies and procedures or Scottish Government best practice guidance regarding safe recruitment of staff working in care. See requirement 3.

Requirements

Number of requirements: 3

1. The provider must undertake a review of staffing within the service. Taking into consideration the needs and dependency of residents in line with current Health and Social Care Standards and legislation.

By 30 September 2018, the provider must send the Care Inspectorate the outcome of the staffing review, which includes the numbers, skill mix and deployment of staff to enable residents' health, welfare and safety, needs to be met.

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

'My needs are met by the right number of people' (HSCS 3.15)
and in order to comply with Regulation 15(a) Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

2. In order to ensure that at all times suitably qualified and competent staff are working in the service the provider must ensure that staff receive training appropriate to the work they perform. By 30 November 2018, the provider must ensure that all staff undertake dementia care training such as 'Promoting Excellence programme for dementia learning and development'

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)
and in order to comply with Regulation 15 (a) and (b)(i)- Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. By 11 January 2019, the provider must safeguard people using the service by adhering to safer recruitment procedures in line with legislation and the Health and Social Care Standards.

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

'I am confident that people who support and care for me have been appropriately and safely recruited.'(HSCS 4.24)
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: 1

1. To support and develop staff team the provider should establish a schedule of regular supportive supervision for staff. This should be provided by staff with the appropriate skills and training.

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)

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

The service was not performing at the level we would expect. We have graded this quality theme as weak.

There was a recent change in management in the service. Many of the concerns we raised were due to previous poor management and leadership within the home.

There was very little evidence that communication between the management team and people using the service had been maintained. There appeared to be a lack of leadership or focus for developing the service. People we spoke with told us that they were not asked for their views or kept informed of changes in the home. See recommendation 1.

We were concerned that the systems to assess and monitor the quality of service provision were not used effectively. This resulted in significant concerns for the health, welfare and safety of people using the service.

During the inspection, the new management team presented a development plan for service improvement. We received assurance from the provider that improvements would be made to promote positive outcomes for people using the service. There was a continued need for the service to use the quality assurance systems effectively to drive improvement of the service. See recommendation 2.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. 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)

2. To ensure a satisfactory quality of service is consistently provided the provider should use the quality assurance system to drive improvement and develop the service.
This should include but not restricted to the following:

- use of internal audits to check key areas to ensure that policies and procedures are being followed, taking into account issues highlighted in the inspection report.
- ensure any issues found through the audit process are highlighted and an action plan made with timescales for any actions required taken to address those issues.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.
(HSCS 4.19)

Grade: 2 - weak

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

Previous requirements

Requirement 1

In order to ensure that individuals experience activities and stimulation with positive outcomes the provider should:

Formally assess and evaluate each staffs competency levels/understanding of meaningful activities as part of a regular formal assessment of their practice. This will identify where staff need further training and support, particularly following any eLearning training.

This requirement was made on 21 March 2018.

Action taken on previous requirement

We continued to have concerns regarding the lack of opportunities for all residents to take part in meaningful activity, particularly those residents living with dementia.

This issue will continue to be the subject of a requirement regarding staff training and a recommendation regarding improving the availability of meaningful activity.

See Quality Theme 1 and Quality Theme 3 for details.

Not met

Requirement 2

The provider must demonstrate that the service has systems in place to ensure that the needs of people who use the service are regularly assessed, monitored and adequately met. In order to do this, the provider must:

- Ensure that planned support is fully implemented when people have specific health needs including communication, nutrition and hydration, skin care, mobility and pain assessment

- Ensure that staff will act promptly on any concerns raised by others about the health and well-being of people who use the service

- Ensure that staff have the necessary skills and experience to assess when residents require further assessment, investigations or treatment

- Demonstrate that staff will seek advice from relevant healthcare professionals promptly when residents require treatment or their health condition is not improving

- Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists

-Ensure that when medical advise has been given and recorded it is carried out effectively

- Ensure there is sufficient and robust management overview of the implementation of care plans.

This requirement was made on 21 March 2018.

Action taken on previous requirement

We saw that there were continued issues regarding care planning. This will be the subject of a continued requirement as detailed in Quality Theme 1 of this report.

Not met

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

Previous recommendations

Recommendation 1

The service provider should ensure residents with stress/distress reactions have a more targeted assessment to identify actions to reduce or prevent occurrence. The terminology used in care plans should be updated to reflect best practice.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation
There was a continued need for the service to demonstrate the management of stress and distress reactions of residents living with dementia.

This recommendation has not been met.

This issue will be included in a requirement about personal planning detailed in Quality Theme 1 of this report.

Recommendation 2

The service provider should review the content and layout of personal plans to reduce duplication and ensure effective support plans are in place. This should include a focus on advance care plans, falls prevention plans and use of pressure reducing mattress or cushions.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation
We saw that there was a continued need to improve the quality of care plan records.
This recommendation has not been met.

This issue will be included in a requirement about personal planning detailed in Quality Theme 1 of this report.

Recommendation 3

The service provider should continue to develop a team approach to help residents with dementia engage with meaningful activities which are individual and appropriate to them.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation
There was a need to improve the opportunities for all residents to take part in meaningful activity.

This recommendation will continue and is detailed in Quality Theme 1 of this report.

Recommendation 4

The service should continue to develop methods of gaining feedback from residents and relatives.

This should include more meaningful involvement in care planning, the review process and more public response to common concerns raised; for example, using a You Said/We Did board.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation

There was a need to further develop the methods used to engage with people using the service to gather their views.

This recommendation will continue and is detailed in Quality Theme 4 of this report.

Recommendation 5

The service provider should continue to develop the environment to be as dementia friendly as possible.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation

The provider needs to develop the environment to reflect a dementia friendly setting for residents.
This recommendation has not been met.

This issue will be included in a requirement about improving the environment of the home detailed in Quality Theme 2 of this report.

Recommendation 6

The service provider should ensure nurse call systems are checked regularly to ensure they are in good working order. If a service user cannot use the standard buzzer cord, alternatives should be considered to ensure help can be requested appropriately.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation

we saw that there were regular checks carried out on the nurse call system. Residents told us that staff answered the buzzer reasonably promptly. We saw that residents who were in their bedrooms had access to the nurse call bell.

This recommendation has been met.

Recommendation 7

The service provider should ensure staff regularly have one-to-one time to talk about their job and ensure they are meeting best practice outcomes for residents.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation

There was a need for staff supervision to be re-established.

This recommendation will continue and is detailed in Quality Theme 3 of this report.

Recommendation 8

The service provider should ensure staff have more dementia training and use best practice resources available.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation

There was a need to progress with training for staff regarding care and support for people living with dementia.

This recommendation has not been met.

This issue will be included in a requirement about staff training detailed in Quality Theme 3 of this report.

Recommendation 9

The service provider should seek to further improve quality assurance systems and leadership of staff to consider any gaps in audits and effectiveness of systems. Analysis should shape future improvement plans.

This recommendation was made on 24 January 2018.

Action taken on previous recommendation

We found that the quality assurance system had not been used effectively. This resulted in a number of areas of service provision that needed improved.

This recommendation will continue and is detailed in Quality Theme 4 of this report.

Recommendation 10

The provider should ensure that staff members provide a written handover at the end of each shift as per the handover policy for the service.

This recommendation was made on 21 March 2018.

Action taken on previous recommendation

We saw that there was a system of written communication between each shift in each unit of the home. Staff were familiar with the use of this system.

This recommendation has been met.

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	
24 Jan 2018	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
6 Jun 2017	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
1 Feb 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
22 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
6 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
24 Sep 2015	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed Not assessed
19 Jun 2015	Unannounced	Care and support Environment	4 - Good 4 - Good

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 4 - Good
5 Sep 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
28 Apr 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 4 - Good 4 - Good
18 Oct 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
31 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 2 - Weak
13 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
29 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good
9 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good Not assessed Not assessed
17 Jun 2011	Unannounced	Care and support Environment	4 - Good 3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	4 - Good 4 - Good
20 Sep 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
9 Sep 2010	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed Not assessed
11 May 2010	Announced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
10 Nov 2009	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
21 May 2009	Announced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
17 Dec 2008	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
17 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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