

Arberglen Care Home Care Home Service

9 Udston Road
Hamilton
ML3 9HT

Telephone: 01698 824441

Type of inspection:

Unannounced

Completed on:

17 July 2018

Service provided by:

Acre Care Homes Limited

Service provider number:

SP2005007653

Service no:

CS2005102377

About the service

Arberglen Care Home provides long-term residential care and support to twenty-two older people which includes two places for respite/short breaks.

The service was registered in 2005 and is one of two homes run by Acres Care Homes Limited whose aim is "to provide a secure, stable, comfortable environment, whilst providing a standard of individual mental and physical care which ensures that each resident is as happy and contented as possible".

The home is situated in a residential area of Hamilton and is within close proximity to local amenities and transport links. The service is provided over two floors with a stair lift providing access to the first floor. All rooms are single with communal toilets and bathing facilities available on each floor. There is a dining room, two communal lounges, a relaxation room and a secure garden area to the back of the building for residents and visitors to use.

The home is currently undergoing an environmental refurbishment to increase capacity and provide additional space and facilities for residents to access. Once complete this will provide four full en suite rooms on the first floor with plans to continue this refurbishment on the ground floor.

There were twenty-one people residing here at the time of this inspection.

What people told us

Prior to this inspection we issued ten Care Standard Questionnaires to people using the service as well as relatives and carers. We received two completed questionnaires from relatives/carers of which two strongly agreed that overall they were satisfied with the standard of care and support provided by the service.

Seven were returned from people using the service five of which strongly agreed and two agreed that overall they were satisfied with the standard of care and support provided. We also spoke to people during the inspection process and some of the comments we received were as follows;

- "it is excellent, there is always someone there to help me and I get on well with the lovely staff"
- "I am very happy at Arberglen"
- "the staff are very good in every way and help me as much as they can"
- "it is good to see the en suites being converted into our home"

Self assessment

The Care Inspectorate did not request the service submit a self-assessment as part of this years inspection process.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We received positive feedback on the service, people we spoke to, including visiting professionals all spoke positively about the service, staff and manager. Residents appeared settled and well cared for, we saw nice interaction from staff who knew residents well and supported them to make choices. There was a range of activities offered within the home as well as outings to the local community.

The service continues to encourage and involve residents, their representatives and staff in discussions about the service and how outcomes can be improved for those living in the home. This included reviews, meetings and a newsletter, this could be improved by ensuring all actions arising from consultation provides evidence of completion to demonstrate that peoples views and suggestions have been positively actioned.

The matrix for reviews provided previous dates out with the required six monthly timeframe however the plan for going forward demonstrated these meetings had started taking place and there were future dates planned within this timeframe. We will monitor this at the next inspection.

New care plan documentation had been implemented last year. There was some good person centred information in some of these plans with additional summaries available in each room for staff or visiting professionals to review. We continued to find that work is still required to ensure these plans contain the most relevant up to date information on peoples preferences and how staff can provide the appropriate support required to the individual. Relevant risk assessments were in place with evidence of good support from external professionals. More detail on current medical conditions would help staff to understand the condition and how to support the person appropriately. More detail on the management of stress and distress, monthly evaluations and daily progress notes would improve these further by providing a more accurate reflection on individual need, changes and how to manage these changing needs effectively. (see repeat requirement 1).

Additional monitoring charts were used by staff for anyone they had concerns over and the topical medication records we saw were completed as prescribed. We looked at the medication administration records which were audited regularly by the manager to ensure peoples safety and wellbeing and found these were generally completed well.

Requirements

Number of requirements: 1

1. In order to ensure that people using the service experience high quality care and support that is right for them the provider must ensure that all care plans set out how the health, welfare and safety needs of the individual and how they are to be met. In order to do this the service must ensure that the care plans include:

A description of each individuals' current healthcare needs, how these present and how staff are expected to effectively manage and support these needs. The plans must include information about the care and support interventions required to support individuals who are anxious/distressed and are evaluated to reflect changing needs and inform care planning.

Care plans must be 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 ensure that care and support is consistent with the Health and Social Care Standard 1 which states; "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) "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. (HSCS 1.12)

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(1)(2)(b)(ii)(iii) Personal plans.

Timescale for implementation: to be completed by 31 December 2018.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The refurbishment of the home continues, three full en suite rooms had been developed on the first floor providing additional space and facilities for people. We were informed that there were plans in place to continue with the refurbishment throughout the rest of the home to include the ground floor rooms and communal areas. We look forward to seeing how this develops as although the home has a welcoming, homely feel an upgrade of rooms, bathrooms, lighting and furnishings would be most beneficial in order to improve and enhance the home and provide people living here with a high quality environment.

We discussed how to develop and add additional information to the ongoing development plan for the service. This will inform people of the work already completed as well as the future plans and timescales for all areas of the home, not just solely the environment.

We could see through some of the recent resident and staff meetings that people were being consulted and kept up to date on the environmental refurbishment plans and people we spoke to confirmed this.

There is a secure door entry system, with a secure garden where residents have enjoyed planting vegetables and flowers over recent months. A newly created quiet/sensor room provided residents with a relaxing quiet area to use as an alternative to the communal lounge.

There was a maintenance log where staff recorded any repairs. External contractors were used for more complex issues or when carrying out safety checks of appliances and equipment. We saw satisfactory safety certificates such as lifting equipment and gas safety. The manager and provider carried out environmental audits and had also received training on completing fire and water safety checks, this ensured these checks were completed within the required timeframes.

We found through the evidence we reviewed that there had been issues with the water temperatures within the building since the end of last year. These intermittent problems with the temperatures had continued since then, we acknowledge the manager and provider were aware of this and had sought advice from external contractors

however we were concerned over the length of time this had been going on. We discussed our concerns with the manager who was receptive to this and assured us immediate action would be taken to rectify this to ensure peoples comfort and safety. We received clarification of the advice sought, actions taken and timescales for resolution within twenty four hours of our inspection.

Staff recorded any repairs within a maintenance log. These were not always signed on completion to demonstrate if the repair had been completed in full. In some instances there appeared to be lengthy delays from the initial report to resolution which the manager stated was due to the availability of external contractors. We acknowledge this issue however in order to ensure repairs are carried out within a reasonable timescale the manager and provider should review and update their records to evidence that any delays have been recognised and are followed up with an explanation of actions taken. (see recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. In order that people experience a high quality environment the provider and manager should introduce a system to audit any maintenance/repair requests. This will ensure that any maintenance requests have been positively actioned within a reasonable timeframe and are signed and dated by the person responsible upon completion. Where there has been a delay in actioning a repair this should be followed up by the manager explaining the reasons, actions taken and expected date of resolution.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5 which states" I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

This service continues to benefit from a stable group of staff who clearly knew the residents well and supported them in a nice, dignified manner. Residents appeared comfortable with staff and spoke highly of them and the support they received. The staff we spoke to told us they felt well supported by the manager and provider and were aware of the plans for the ongoing refurbishment of the home.

Staff received both online and face to face training as well as support through supervision and meetings. This provided various opportunities for staff to discuss any concerns or request further training and support in order to fulfil their role. Some of the staff supervision were running behind which the manager informed us would be addressed as a matter of priority following the inspection.

The manager had recently introduced night time visits to the home. This provided the manager with the

opportunity of assessing staff practices overnight as well as providing night staff the opportunity to discuss any issues or concerns with the manager.

We reviewed an annual training plan which covered a range of training including manual handling, infection control and fire awareness. There appeared to be gaps in this plan for training in dementia awareness, oral and end of life, suggesting that staff had not received this training recently.

The manager informed us that this had already been identified and we were then given a more up to date plan for the rest of the year which included these afore mentioned topics. We will review this again at the next inspection.

We looked at recruitment files to demonstrate the safe recruitment of new staff. The files we looked demonstrated that the current recruitment practice within the service required improving to ensure the service were employing people who were safe and fit to practice. We looked at several files and when we collated the information within these we found they did not provide evidence of satisfactory references, Protection of Vulnerable Group checks or interview notes. This poor standard of recruitment practice places vulnerable people at potential risk of harm from staff who have not received these mandatory safety checks to ensure they are safe and fit to work in this environment. (see requirement 1)

Requirements

Number of requirements: 1

1. In order to ensure that people using the service have confidence in the people who are providing care and support the provider must ensure;

- All recruitment files contain evidence of interview notes, satisfactory references, one being from the most recent employer with evidence of authenticity
- Protection of Vulnerable Group checks when commencing employment or returning to the service following a break in employment.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4 "I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24)

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 9 (1) Fitness of employees.

Timescale for implementation; to be completed by 31 December 2018.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

People we spoke to said they felt supported by the manager and provider who were visible within the home regularly.

There was a complaints procedure displayed on the notice board at the entrance of the home as well as in each room informing people how to raise a concern. The manager kept a log of all concerns/complaints. We could see that where issues were raised these were being actioned, to prevent further escalation and improve outcomes for people.

The manager carried out a range of audits in order to identify any discrepancies and improve practices. These included healthcare, accidents/incidents and falls. Falls were audited and analysed to identify any trends, this information was then included within an action plan with details of actions taken to prevent a recurrence. Some of the information recorded within the actions required need more detail and explanation and should be reviewed by the manager to ensure they are effective and have a positive impact on the reduction of falls. Staff continually recorded "more supervision or advised to use a zimmer" Given some peoples recurring falls these actions were ineffective and failed to prevent further falls.

Dependencies were calculated on a monthly basis these calculations demonstrated that the service were complying with the current staffing schedule. The manager should continue to review this to show that if required that the staffing levels have been adjusted to meet the changing needs or events within the home on a daily basis.

When discussing the outcome of the inspection at feedback we were informed by the manager that some of the documentation we were given was not complete or the most up to date. This can cause confusion due to lack of clarity particularly when providing feedback which is based on the evidence provided at the time.

We also discussed the need to ensure the Care Inspectorate are kept informed of any incidents or changes within the home which has a direct impact on residents daily life, for example the recurring issues with water temperatures. We acknowledge this was addressed immediately and has now been rectified however we were concerned at the length of time this had taken to resolve this completely. (see requirement 1)

Requirements

Number of requirements: 1

1. In order to ensure that people using the service are supported and cared for the provider must ensure;
 - all relevant documentation is available and is kept up to date to reflect the current status of the service and presented upon request for auditing or inspection purposes
 - the Care Inspectorate must be notified of any significant events including any changes to the environment which has a direct impact on residents daily life
 - where concerns/repairs have been identified these must be followed up and resolved within a suitable timeframe in order that people living in the home have comfortable, well maintained premises and equipment to use to ensure their comfort and safety.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4; " My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event

(HSCS 4.14) "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

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 14 (b) Facilities in care homes.

Timescale for implementation; to be completed by 31 December 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 all care plans set out how the health, welfare and safety needs of the individual and how they are to be met. In order to do this the service must ensure that the care plans include:

A description of each individuals' current healthcare needs, how these present and how staff are expected to effectively manage and support these needs. The plans must include information about the care and support interventions required to support individuals who are anxious/distressed and are evaluated to reflect changing needs and inform care planning.

Care plans must be 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.

All charts used to monitor residents healthcare needs are reviewed and updated at least once in every twenty-four hour period. Any gaps identified should provide evidence of actions taken and outcome achieved to ensure the wellbeing of the individual.

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(1)(2)(b)(ii)(iii) Personal plans.

Timescale for implementation: to be completed by 31 January 2018.

This requirement was made on 17 November 2017.

Action taken on previous requirement

This requirement has not been met, please refer to quality theme one for further detail.

Not met

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

Previous recommendations

There are no outstanding recommendations.

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	
1 Feb 2018	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Feb 2018	Re-grade	Care and support	Not assessed
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings
15 Sep 2017	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 4 - Good Management and leadership 3 - Adequate
16 Mar 2017	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
26 Oct 2016	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate
12 Jan 2016	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate
5 Mar 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
21 Mar 2014	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
1 Aug 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
22 Nov 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate

Date	Type	Gradings
23 May 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
28 Oct 2011	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing Not assessed Management and leadership 3 - Adequate
17 Jun 2011	Unannounced	Care and support 1 - Unsatisfactory Environment 1 - Unsatisfactory Staffing 4 - Good Management and leadership 1 - Unsatisfactory
8 Mar 2011	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
22 Jul 2010	Announced	Care and support 3 - Adequate Environment 2 - Weak Staffing 3 - Adequate Management and leadership 3 - Adequate
26 Feb 2010	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing 4 - Good Management and leadership Not assessed
21 Oct 2009	Announced	Care and support 5 - Very good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
17 Mar 2009	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
29 Jul 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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