

Applecross Nursing Home Care Home Service

Levernholm
By Hurlet
Glasgow
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Telephone: 0141 881 1507

Type of inspection:

Unannounced

Completed on:

18 July 2018

Service provided by:

Applecross Nursing Home Limited

Service provider number:

SP2003002367

Service no:

CS2003010474

About the service

Applecross Nursing Home is a large house, with two extensions, situated within well-kept grounds just outside Barrhead. The service is provided by Applecross Nursing Home Limited. The home is registered to provide care for 22 older people and up to 60 younger residents with physical and sensory impairments. On the days of inspection, there were 78 residents living in the home.

The accommodation is divided between the main building and the extension. Throughout the home there are lounge and dining areas. All of the bedrooms are single rooms most of which have en-suite facilities. There is access to the gardens from the ground floor lounges. Each level has a communal lounge and dining facilities. The extension offers enhanced resources such as more bedrooms, lounges, therapy rooms and a cinema.

The home's aims were to "treat residents with respect and kindness, to protect their human rights by helping them to make individual choices and to promote privacy and dignity".

What people told us

Before this inspection we gave out 24 Care Standard Questionnaires for residents to complete as well as 24 to relatives/carers. At the time of the inspection we had received no completed questionnaires from residents and 12 from relatives/carers. Of the 12 CSQs returned by relatives, 10 relatives strongly agreed and two agreed that they were happy with the care. We also spoke with seven residents during the inspection and three carers. Views were mixed and comments included:

- "There has been a big change in X's happiness since being around younger people and more activities going on etc. Overall X is happy here. There has been a big staff change as it got extended, X has dealt with that well"
- "X has only been in the home for six months but I find the staff very helpful and friendly.
- "Manager is very good. If I have any issues regarding X, I can approach him"
- "In my opinion, the management don't always make decisions that I as a relative agree with. The aim is to make staff able to work between YPD and elderly but the proper training is not happening"
- "Staffing levels could be improved to help resident/staff workload. Also residents wouldn't be confused as easily if they had the same permanent carers"
- "In my opinion this home provides first class care....The staff are very caring....Overall some areas could do with a lick of paint but that's secondary to the excellent care provided.
- "In my opinion this home provides exceptional care"
- "Sometimes I can wait ages for the toilet"
- "There's a big delay in accessing building and exiting"
- "Generally staff all very nice but very busy and ran off their feet"
- "Would like to get out into garden but don't have the staff"
- "Would like to go out more but don't have staff....Not keen on the food"
- "We order takeaway at weekend"
- "Not too long to wait if I buzz".

Self assessment

The service was not asked to submit a self assessment prior to this inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Since the last inspection we found that clinical monitoring had significantly improved. A Clinical Lead who had been recently appointed had made progress in a number of clinical areas. This had resulted in an improvement in the quality of the healthcare service people received. Clinical audits and clinical meetings with staff had been developed to take any relevant actions forward and to help improve outcomes for people further.

The care plans we saw showed a range of clinical risk assessments which had been carried out to make sure care delivery was specific to service users' needs. Where there had been any fluctuations in health, the service had triggered investigations, reviews and changes. We could see that referrals continued to be made to healthcare clinicians where required.

Although good progression had been met in relation to the care plans within the younger persons unit, care plans within the older peoples unit still contained a number of areas that required to be improved. We acknowledged that the service had focussed on developing the care plans one unit at a time and we aim to review progress made with the others at the next inspection.

(See requirement 1)

The service had helped support specific residents in being discharged home and had fully contributed in improving their health to enable them to do so.

We continued to find a number of areas relating to the recording of medication administration which were not of a good standard. This meant it was not clear whether people had received their medications in keeping with the way it was prescribed.

(See requirement 2)

New activity staff had been appointed and activities remained a work in progress.

(See recommendation 1)

We could see that clinical advice was sought where required where accidents/incidents had taken place.

However, there was a lack of information recorded at times within the relevant records surrounding the event and the account of what happened.

(See recommendation 2)

Residents' wounds had been managed well and most were improving or had healed. However recording charts did not reflect pressure relief that was provided for residents other than when in bed.
(See recommendation 3)

Fluid intake records could have been recorded better at times to accurately show targets for people and fluids provided to them.
(See recommendation 4)

Requirements

Number of requirements: 2

1. The service must ensure care plans are legible and contain adequate and accurate information and assessments relating to service users' needs. In doing so, the care plans must be developed further to reflect:
 - more person centred information and preferences of service users and how these will be met in full
 - residents' capacity or where next of kin hold specific legal powers
 - up to date clinical assessments
 - six monthly minimal care reviews.

This is in order to comply with the Health and Social Care Standards Standard 1:15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans.

Timescale for implementation: To be completed by 17 December 2018.

2. The Provider of the care service must ensure that medication is administered as instructed by the prescriber and in line with the resident's daily routine. In doing so, the Provider must ensure that:
 - Medication is administered as instructed by the prescriber and appropriate records are kept to demonstrate this.
 - Clear records of reasons and outcomes are recorded to reflect the administration of as required medications
 - Medication is given in a manner that allows the service users to get the intended benefit of the medicine and is given in line with manufacturers guidelines
 - Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the MAR chart. Any annotations used on the MAR chart should be clearly defined.
 - Handwritten entries must contain two staff signatures and reference the clinician making the changes or the date when the instruction had been made.

This is in order to comply with the Health and Social Care Standards Standard 1:19 My care and support meets my needs and is right for me. SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; Regulation 5: Personal Plans.

Timescale for implementation: To be completed by 17 December 2018.

Recommendations

Number of recommendations: 4

1. The service should improve the provision of activities people can become involved in on a daily basis within the service. In doing so, this should also include consultation with people within the service to ensure that meaningful activities are promoted that reflect their personal preferences and promote the independence of each individual person.

This ensures care and support is consistent with the Health and Social Care Standards 1.25 which states "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors".

2. The completion of accident/incident records should be improved to reflect all relevant information surrounding the event.

This ensures care and support is consistent with the Health and Social Care Standards 3.14 which states "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".

3. Records should be recorded accurately to reflect any pressure relief which is undertaken during periods of sitting up as well as in bed.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me"

4. Records should be recorded accurately to reflect fluid intake and relevant daily targets.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me"

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The environment was generally clean, bright and homely throughout including toilet and bathroom areas. Garden areas and outdoor spaces were pleasant and being enjoyed by some service users during the time of the inspection. We highlighted that some of the outdoor furniture required replacing and this was rectified immediately.

Updated garden plans had been developed for the back garden area and we could see some of this work already in progress.

Regular checks and repairs were carried out on areas and equipment within the home. This helped make sure the environment was safe and maintained to an acceptable standard for people to live in. We saw other maintenance certificates from external agencies and recommended actions had been completed.

Residents could have their personal possessions within their rooms and decorate to their taste. Residents could alter the temperature within their bedrooms and all rooms had views.

Some areas of the main building were worn and in need of refurbishment particularly in relation to en suite and bathroom areas. Although the service had a development programme and the manager told us of the future plans to upgrade these areas within the near future, there were no set timescales.

We will review progress made in relation to this at the next inspection.

(See recommendation 1)

We noted that developments had started within the extension which was helping to provide better treatment areas and floor coverings.

Audits were completed regularly which helped make sure the environment was maintained at a good level and kept people safe.

We saw that there was some good dementia signage. We signposted the Manager to the Kings Fund environmental assessment tool to help develop the environment further.

During the inspection there was some concern about how well the carer alert system was working. We discussed this with the manager who advised they would look at developing a system to check status of the nurse call systems daily.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. Areas of the main building should be improved upon as a matter of priority specifically ensuite and bathroom areas. In doing so the development plan should demonstrate timescales in which areas for development will be addressed.

This ensures care and support is consistent with the Health and Social Care Standards 5.21 I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices and 5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

Grade: 4 – good

Quality of staffing

Findings from the inspection

During our inspection we watched how staff supported and engaged with service users and observed them as being warm, caring and professional. We saw one member of staff who did not appear as encouraging and passed this information on to the manager.

Staff recruitment was ongoing and we reviewed a sample of the most recently recruited staff. Some areas of practice could have been better in relation to signatures and dating and some delay between PVG checks and taking up employment. We also noted that the induction training did not include the new Health and Social Care Standards. These areas were discussed at feedback for the service to take forward. Overall however, we saw safe recruitment practices had generally been followed with more recently appointed staff.

Where agency staff had been used to address shortfalls in staffing levels, induction documentation had been used to help make sure staff had sufficient information about the service.

We were satisfied that there had been a sufficient level of staff training to meet the needs of service users or help improve outcomes for them. This included sourcing training from external healthcare colleagues.

Feedback from our healthcare colleagues was generally positive about seeking advice on a regular basis. Specific comments included:

"Staff provide good care in very challenging circumstances. I am impressed with the Clinical Lead who I understand has been a positive addition to the staff. The staff in general appear to have a good rapport with the residents" .

We saw staff had followed directions from professional community clinicians within specific care plans in order to meet individual needs and improve outcomes.

We acknowledged that progress had been made in relation to staff receiving regular supervision. However, staff had only received one session and we could not determine how effective these had been in following up actions or requests made. We discussed at feedback how we aimed to review the full effectiveness of the supervision sessions but noted the good progress which had been made.

(See recommendation 1)

We have taken account the areas for development identified under Quality Theme 1 relating to record keeping by staff in grading this Quality Theme.

The service acknowledged that more work was required to develop the leadership potential of staff. This would enhance their knowledge and the quality of care and support given to residents.

(See recommendation 2)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should follow a planned, systematic and structured approach to how supervision is carried out.

This ensures care and support is consistent with the Health and Social Care Standards 3.14 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.

2. The management team should develop the leadership potential of staff. This would enhance their knowledge and the quality of care and support given to residents.

This ensures care and support is consistent with the Health and Social Care Standards 3.14 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.

Grade: 3 – adequate

Quality of management and leadership

Findings from the inspection

The service had ways to make sure it was delivering a satisfactory service including completing audits. Areas that were covered by audits included looking at how well things worked and how well records were completed and included:

- Medication
- Health and safety
- Infection control
- Nutrition and hydration
- Documentation
- Home review
- Laundry
- Housekeeping
- Maintenance
- Kitchen.

We highlighted the frequency and sample size with which some of the audits were completed may affect the effectiveness of them. However, we were advised that the audits had been recently introduced and were intended as a start on which to develop further. At times action plans had not been fully completed to reflect how issues identified through audits would be addressed.
(See recommendation 1)

Clinical governance folders had been introduced in all units to help monitor any health concerns and help identify ways in which this could be improved upon. We saw examples whereby this had had a positive impact for people.

Specific monitoring tools were used to help raise awareness with staff about important clinical information, improve resident safety and to identify any required actions and promote good practice.

The recently appointed Clinical Lead had made significant improvement in improving staff practice and resident outcomes. One of the ways was through clinical governance meetings with a core group of staff regularly to discuss outcomes of audits. This helped in highlighting any areas of concern and actions required including staff education. From review of the minutes of this group, we specifically saw where improvements had been made in relation to the reduction / improvement in wounds and weight management.

While the service had complied with the calculations of how many staff were needed each shift, we requested that they carry out a review of tasks staff undertake. This was because we identified that a significant amount of time taken by staff in each unit to administer medication. This was not accounted for in the calculations of staff

on duty on the floor delivering direct care hours.
(See recommendation 2)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. Effective action plans should be completed to demonstrate how any issues identified through audits are followed up within reasonable timescales.

This ensures care and support is consistent with the Health and Social Care Standards 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

2. A review of staff tasks should be completed to make sure there were enough direct care hours carried out by staff at all times to meet residents' needs.

This ensures care and support is consistent with the Health and Social Care Standards 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice

Grade: 4 – good

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

Previous requirements

Requirement 1

The service must ensure care plans are legible and contain adequate and accurate information and assessments relating to service users' needs. In doing so, the care plans must be developed further to reflect:

- more person centred information and preferences of service users and how these will be met in full
- residents' capacity or where next of kin hold specific legal powers up to date clinical assessments
- six monthly minimal care reviews.

Timescale for implementation: To be completed by 18 May 2018.

This requirement was made on 12 January 2018.

Action taken on previous requirement

Good progression had been met in relation to the care plans within the younger persons unit. However, care plans within the older peoples unit still contained a number of areas that required to be improved. We acknowledged that the service had focussed on developing the care plans one unit at a time and we aim to review progress made with the others at the next inspection.

(See requirement 1, Quality theme 1)

Not met

Requirement 2

The Provider of the care service must ensure that medication is administered as instructed by the prescriber and in line with the resident's daily routine. In doing so, the Provider must ensure that:

- Medication is administered as instructed by the prescriber and appropriate records are kept to demonstrate this
- Clear records of reasons and outcomes are recorded to reflect the administration of as required medications
- Medication is given in a manner that allows the service users to get the intended benefit of the medicine and is given in line with manufacturers guidelines
- Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the MAR chart. Any annotations used on the MAR chart should be clearly defined.
- Handwritten entries must contain two staff signatures and reference the clinician making the changes or the date when the instruction had been made.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale for implementation: To commence within 24 hours of receipt of this report and concluded by 18 May 2018.

This requirement was made on 12 January 2018.

Action taken on previous requirement

We continued to find a number of areas relating to the recording of medication administration which were not of a good standard. This meant it was not clear whether people had received their medications in keeping with the way it was prescribed.

(See requirement 2, Quality Theme 1)

Not met

Requirement 3

The provider must safeguard the confidentiality and privacy of all residents by ensuring staff conversations relating to service users and their needs take place in a suitable area.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (b) - Welfare of service users.

Timescale for implementation: To commence within 24 hours of receipt of this report and concluded by 18 May 2018.

Action taken

Improvements made but need to be more mindful of residents sitting.
Met

This requirement was made on 12 January 2018.

Action taken on previous requirement

The service had improved the staff handovers. Although this was found to be more effective and confidential. We reminded the service to be more mindful of residents sitting within the vicinity of these areas.

Met - outwith timescales

Requirement 4

The provider must ensure that where clinical monitoring is assessed as necessary, relevant records are completed to help demonstrate this and to ensure there is effective communication of important information. Where concerns are identified through clinical recording records, relevant and effective action must be taken such as seeking medical advice.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: To be completed by 18 May 2018.

This requirement was made on 12 January 2018.

Action taken on previous requirement

Since the last inspection we found that clinical monitoring had significantly improved. A Clinical Lead who had been recently appointed had made progress in a number of clinical areas. This had resulted in an improvement in the quality of the healthcare service people received. Clinical audits and clinical meetings with staff had been developed to take any relevant actions forward and to help improve outcomes for people further.

Met - outwith timescales

Requirement 5

The provider must ensure that units are run effectively in order to meet service users' needs and maintain their health and well-being. In doing so there must be effective leadership in place to specifically:

- oversee the care of service users
- make sure communication between all grades of staff and management is effective
- enforce service policies and ensure best practices are being adhered to
- mentor and assess performance of staff

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) Welfare of Users.

Timescale: to be completed by 18 May 2018.

This requirement was made on 12 January 2018.

Action taken on previous requirement

Since the previous inspection the service had developed a number of ways to make sure units ran well and that leadership was effective: We found that communication had improved through the development of handovers and meetings and instructions were very clear to more junior staff at these times. The Clinical Lead was part of these which meant that they had an overview of the residents, units and the days tasks.

Met - outwith timescales

Requirement 6

The provider must meet the staffing schedule at all times, to do this the Provider must:

- Continue with the recruitment of nursing staff, providing to the Care Inspectorate the methods and means that have been applied to do so.
- Make use of agency/bank nurses where required
- Provide the Care Inspectorate with full and detailed plans on how the service will meet the staffing schedule for nights.

This is to comply with SSI 2011/210 Regulation 15)(a) A requirement that a provider of a service must ensure that at all times suitably qualified and competent persons are working in the service in such numbers that are appropriate to the health, welfare and safety of service users.

This requirement was made on 11 June 2018.

Action taken on previous requirement

We saw that the staff duty rota complied with the minimum staffing levels identified in the staffing schedule. A Staffing Levels Report also showed that the staffing levels were above what was required. However, we identified that a significant amount of time was needed by staff in each unit to administer medication during scheduled rounds. This was not accounted for in the calculations of staff on duty on the floor delivering direct care hours. We acknowledged that the service had complied with the calculations of how many staff was needed. However, we requested a review of staff tasks to make sure there were enough staff at all times to meet residents' needs.

(See recommendation 1, Quality Theme 4)

Met - within timescales

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

Previous recommendations

Recommendation 1

The service should improve the provision of activities people can become involved in on a daily basis within the service. In doing so, this should also include consultation with people within the service to ensure that meaningful activities are promoted that reflect their personal preferences and promote the independence of each individual person.

National Care Standards: Care Homes for Older People Standard 6 - Support Arrangements.
Care Homes for People with Physical and Sensory Impairment, Standard 12 - Lifestyle and Standard 6 - Support Arrangements.

This recommendation was made on 12 January 2018.

Action taken on previous recommendation

There was an activities programme with a number of events for residents to become involved in. However, individual records showed a lack of activities for many residents including at weekends and access to outdoors/ community events. Activity staff were new in post and the service was looking to source training for them. The service acknowledged that this was a work in progress.

This recommendation has not been met.

Recommendation 2

The service should follow a planned, systematic and structured approach to how supervision is carried out. National Care Standards - Care Homes for Older People Standard 5: Management and Staffing Arrangements. Care Homes for People with Physical and Sensory Impairment, Standard 5 - Management and Staffing Arrangements.

This recommendation was made on 12 January 2018.

Action taken on previous recommendation

We acknowledged that progress had been made in relation to staff receiving regular supervision. However, staff had only received one session and we could not determine how effective these had been in following up actions or requests made. We discussed at feedback how we aimed to review the full effectiveness of the supervision sessions but noted the good progress which had been made.
(See recommendation 1, Quality Theme 3)

This recommendation has not been met.

Recommendation 3

The service needs to develop a more organised and professional approach to dementia training for staff following the Promoting Excellence framework.
National Care Standards Care Homes for Older People: Standard 5 - Management and staffing arrangements.

This recommendation was made on 12 January 2018.

Action taken on previous recommendation

We saw that dementia training was being introduced for all staff including domiciliary staff.

This recommendation has been met.

Recommendation 4

The management team should develop the leadership potential of staff more. This would enhance their knowledge and the quality of care and support given to residents.
National Care Standards Care Homes for Older People: Standard 5 - Management and staffing arrangements.

This recommendation was made on 12 January 2018.

Action taken on previous recommendation

The service acknowledged that more work was required in order to fully address this recommendation.
(See recommendation 2, Quality Theme 4)

This recommendation has not 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
12 Jan 2018	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership Not assessed
9 Feb 2017	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
21 Sep 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
22 Feb 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
8 Oct 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
26 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
3 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
5 Sep 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
10 May 2012	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Nov 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
16 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	3 - Adequate
7 Mar 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
1 Jun 2010	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Nov 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
23 Jun 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Jan 2009	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
12 Aug 2008		Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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