

Kinning Park Care Home Care Home Service

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Kinning Park
Glasgow
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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Kinning Park Care Home (Scotland)
Limited

Service provider number:

SP2012011864

Service no:

CS2012309487

About the service

Kinning Park Care Home is registered to provide residential and nursing care to a maximum of 30 frail older people which can include two places for respite/short break places for older people and five places for adults aged 50 years and over.

The service is in a two storey conversion located in a residential area in Kinning Park Glasgow, close to local amenities, public transport and motorway links.

All bedrooms are ensuite with a number having either a bath or a shower. The communal rooms are on the ground floor and a lift provides access to the bedrooms and an activity lounge on the first floor.

Some of the service's aims are "to provide a friendly, welcoming and safe place to live, to promote each person's physical, mental and emotional health and safeguard individual rights, and to provide a quality of life that supports people living here to retain their independence, identity and a sense of value."

What people told us

We received a mixed review of the service from the people that we spoke with, comments include:

"So much good things in place but an undercurrent of unhappiness in staff. Hopefully will improve after the new manager makes her mark."

"Staff were very kind and caring. Some days it was not passed on that my relative needed a falls mat and not the buzzer."

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

This inspection was planned to look at two key questions within the new framework. However, during our visit we were concerned about the quality of care being provided and changed the inspection to cover all six key questions.

People have the right to be spoken to and listened to in a way that is courteous and respectful, with their care and support being the main focus of the staff supporting them. Our observations showed that some staff were compassionate and spoke in a soft and supporting manner, making people feel cared for and respected. For instance, people were made comfortable by ensuring they had a drink when they needed one or a table to place their drink when given one.

We observed 18 people sitting in a small lounge area with insufficient staff to meet everyone's needs. Only one carer was available for the most part and as a result maintenance staff and kitchen staff were supporting people with drinks. Meanwhile housekeeping staff vacuumed around people. At times when other carers were present, their interactions with people were task orientated, uncompassionate and lacking warmth. (See area for improvement 1).

People should get the most out of life from an organisation who cares and supports them, has an enabling attitude and believes in their potential. We saw some people enjoy an exercise class on our second day of inspection; however we did not see any meaningful activity taking place on our first day nor with people on a one-to-one basis. Both family members and staff told us that it would be good if people could be more active. (See area for improvement 2).

People experiencing care should be enabled to be as independent as possible. A family member told us that she wished for her mother's mobility to be promoted, to be encouraged to walk where she was able. Although some staff were ensuring this good practice took place some staff felt it was easier to use a hoist rather than encourage independence.

We found that where some people required support with bed rails or alert mats, there was no evidence to show that these had been agreed by the person or their representative. People have the right to be consulted in any decision taken about them. (See area for improvement 3).

We found the dining experience an uncomfortable observation, there was not enough seats to accommodate everyone living in the home with 16 available spaces and 30 people living there. The home needs to make better provision so that people have the choice of where to sit.

People told us that the food was marvellous and the cook speaks to people on a regular basis to ensure that their likes and dislikes are known. One family member however had concerns that her mother was losing weight as she was not receiving the assistance with eating she required from carers. The manager confirmed that this had been the case, however since starting her new position; she has ensured that carers were assisting people when required. Although this was rectified prior to 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 they are not being assisted to eat and are losing weight.

We found that people's health care needs were not being followed up well. Nutrition and hydration was not being managed effectively. We reviewed wound management and how the service supported people to keep well and manage their wounds. We found that one person had two pressure wounds but only one assessment had been carried out.

We found in a care plan that someone had a diabetic foot ulcer that required to be dressed daily, however progress had not been reviewed for nine days. Most people who were at risk of falls had a support plan in place to manage this however we noted that people at high risk of falls did not have a falls diary making it difficult to monitor trends or reasons for falls. The new manager had identified poor staff practice when moving and assisting people and was beginning to address this. People who require "as required" medication should also have an as required protocol in place, detailing the reasons for administering the medication. These protocols were not in place. 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 1)

Requirements

1. By 28 February 2019 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 for the management of falls, skin integrity, 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 care and support 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.

Areas for improvement

1. In order for people to experience warmth, kindness and compassion from those providing their care and support, management should ensure staff practice is monitored and challenged where appropriate.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me." (HSCS 3.9)

2. People have the right to take part in activities that are of particular interest to them and are meaningful to them. Management should ensure that activities are organised which improve physical and mental wellbeing for people. This ensures 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, both indoors and outdoors." (HSCS 1.25)

3. People or their representative have the right to be consulted in decisions taken about them regarding forms of restraint such as bed rails. The service should ensure that they have consent forms in place which demonstrate consultation. This ensures care and support is consistent with the Health and Social Care Standards, which state: "I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice." (HSCS 2.6)

How good is our leadership?

2 - Weak

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Quality assurance is a process that enables the service to evaluate its quality and performance based on evidence such as regular audits. We did not find evidence that this had happened. (See requirement 1).

There were some systems in place to monitor some aspects of service delivery however, there was confusion and lack of clarity regarding roles and responsibilities. For example, whilst senior carers were part of the management team the day-to-day running of the home was not being effectively managed. We observed a morning handover which all staff attended with no one providing support to people and found that little direction was given to staff on their duties for the day. We witnessed an emergency buzzer sounding for some time, however no one appeared to respond; when we asked staff who should be responding we were told they did not know. (See requirement 2).

People and their families should be supported to give regular feedback on their experiences within the home and be involved in the development and improvement of the service. We found that resident meetings had not taken place since April, however family meetings had taken place every few months, the service should use the information gained to inform part of their improvement plan. (See requirement 1).

The provider accepted our findings that have highlighted concerns about the overall management and leadership of the service. Whilst a new manager had been appointed a couple of weeks prior to the inspection, it is crucial that responsive support is provided at a local level to take forward the significant improvement that is required.

Requirements

1. By 28 February 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 must be 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: "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.

2. By 28 February the provider must make sure that when people use the electronic call system to summon staff for assistance; this must be dealt with promptly and without any unnecessary delay. In order to achieve this:

(a) each shift leader must delegate responsibilities and make clear expected responses of staff when people use the electronic call to summon staff for assistance.

(b) the management team must implement a system for checking that staff responses to the electronic call system are effective and meeting expected standards that demonstrate high quality care.

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.

How good is our staff team?

2 - Weak

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. When sampling staff files we did not see any evidence of support and supervision being carried out with staff since at least 2016. This meant that staff do not have regular opportunities to reflect on their practice and how their practice impacts on people they are supporting.

We found boundary issues in interactions between carers and family members with inappropriate language and over familiarity being the main issues witnessed. This demonstrated a lack of respect for people experiencing care and their families with no regard for professional boundaries. (See requirement 1).

We found very little evidence of staff training taking place. Staff meeting minutes showed us that staff were not taking responsibility for online training they were required to complete. This impacted on the quality of support that people were receiving. Some staff told us they had had some training around dementia but no one was aware of the promoting excellence framework. This was evident in our observations in that some staff had a lack of understanding on how best to support someone with dementia. This resulted in the person becoming stressed which then caused others in the lounge area to be distressed. (See requirement 1).

We also observed staff trying to move and assist someone and make them comfortable, the process was done in a manner that was not respectful or dignified for the person. We observed people requiring personal care support, staff failed to recognise or respond to this until it was too late. Staff should be aware of how their inactions can impact on people's health such as skin integrity, putting them at risk of harm, as well as impacting on their dignity. (See requirement 1).

People should experience care and support that is consistent and stable because people work together well. Staff and family members told us that there were issues within the team which was having an impact on teamwork. We found that staff morale was poor and that people were not happy at work, impacting on the mood in the home.

People should be confident that the right people are employed to provide their care and support. We sampled some recruitment files and found that there had been only one person conducting interviews of potential new staff. We suggest the service look at best practice guidance which suggests that two people should conduct interviews.

Requirements

1. By the 28 February 2019 the provider must have an effective process in place to demonstrate the quality of staff interactions and support to people. In order to achieve this:

- (a) The management team must carry out direct observations of staff practice
- (b) The findings of direct observations should be recorded and discussed as part of staff supervision, and include when further knowledge/education and support is needed to improve or develop 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) and "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)

It is also necessary to comply with Regulations 2011 (SSI 2011/210). Regulation 4 (1) (a) Welfare of users and Regulation 15 (a) (b) Staffing - requirements to make proper provision for the health, welfare and safety of service users; and to ensure that staff receive appropriate training and all times suitably qualified and competent persons are working in the care service.

How good is our setting?

3 - Adequate

People should have a mix of private and communal areas, including accessible outdoor space. People had free access to the garden area where new benches and planters had been placed. The home was barrier free meaning people could move around freely.

New bedrooms were available in the new extension with the expectation that the décor and finishing touches would be carried out throughout the rest of the home. This would make the service feel more homely.

We found that overall the home could be disorientating to people with dementia; we advised the home to look at using the Kings Fund Audit tool to assist with this and reduce the risk of stress to people.

We found that the lounge area was too small for the number of people using it, preventing people from freely moving around if they wished. The service could better utilise its spaces better by using the conservatory for activities and the activity room upstairs as another lounge, as was agreed when the extension for new bedrooms was agreed. This would ensure people are comfortable in their home and not being contained in one area in order to make it easier for staff to monitor people.

People have the right to decide on the decoration and furnishing of their space and we observed that some people had personalised their own room, however some rooms were stark and bland. We suggested that the service should support people to personalise their room where possible and make it a more comfortable, homely, warm living environment.

People have the right to an environment that is secure and safe. We found that infection control practices were poor. We observed extreme odours due to an open top bin being used to dispose of used continence pads; the extractor fan was not working resulting in no extraction of odours. The area was dirty and unkempt with mops and buckets being stored incorrectly. This could cause cross contamination putting vulnerable people at risk. (See area for improvement 1).

We found that maintenance records were completed on a regular basis with no issues ever identified, however this was not in keeping with our findings and we suggested that maintenance records are audited. This will provide people with confidence that their environment is well looked after and maintained.

Areas for improvement

1. People have the right to live in an environment that is clean, tidy and free from risk of cross contamination and infection. The provider should address infection control issues by ensuring that staff have knowledge on good practice and monitor practices. This ensures care and support is consistent with the Health and Social Care Standards, which state: "My environment is secure and safe." (HSCS 5.17)

How well is our care and support planned?

2 - Weak

We sampled a number of care plans and found that they were disorganised and messy. They had no consistency and they were not focused on outcomes for people. (See requirement 1).

People who use the service should be confident that the right people are fully informed about their past, including their health and care experiences and any impact this has on them. We did not see historic information within care plans. People were not able to maintain and develop their interests, activities and what mattered to them in the way that they like. Care plans should inform what people's likes and dislikes, hopes and aspirations are, based on their own experiences.

People should be fully involved in reviewing their personal plan, however we found that reviews were not taking place once in a six month period. This meant that people's health and wellbeing information was not being updated to reflect their current needs. (See requirement 1)

Requirements

1. By the 28 February 2019 the provider must ensure that people's care plans set out how their health, welfare and safety needs are to be met and are regularly updated. In order to do this the provider must ensure that all residents have personal plans which:

- (a) Reflect a person centred, outcome focused approach and are developed in line with the Health and Social Care Standards.
- (b) Accurately reflect all their current needs by ensuring care plans are reviewed once in a six month period.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "My support 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 to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 5(2) (b) (iii).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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