

Arran View Care Home Care Home Service

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Type of inspection:

Unannounced

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Service provided by:

BUPA Care Homes (CFHCare) limited

Service provider number:

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Service no:

CS2003034592

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Arran View Care Home has been registered with the Care Inspectorate since April 2011 to provide a care home service (with nursing) to a maximum of 150 older people. The provider is BUPA Care Homes (CFH Care) Ltd. The service is located in a residential area of the North Ayrshire town of Saltcoats. During the inspection, there were 70 residents living in Arran View Care Home.

Accommodation consists of five, purpose-built 30 bed units, two of which are currently unoccupied (Brodict and Lamlash).

A central administration building accommodates the manager and administrator, a training room, the laundry, the main kitchen and a hairdressing salon.

At present, the individual units cater for the following care and support needs:

- Lochranza: elderly people living with dementia
- Sannox Bay: elderly people who require nursing care
- Whiting Bay: elderly people who do not require nursing care input and may be living with dementia.

All bedrooms are single occupancy but no en-suite facilities are currently available within the care home. Adapted toilets, bathrooms and showers are provided. All the units except Lochranza have a large open plan lounge/dining area with a kitchenette. The public space in Lochranza has been partitioned off to create separate areas including a dining space, TV lounge, smoking lounge and a quiet sitting area. Each Unit has a secure garden.

Until very recently, the service was going through the process of being sold which would have meant a change of registered provider. The sale was near the final stages but in the end was not finalised. Service users, relatives and staff have been informed that the sale to the interested party will not be going ahead.

The philosophy of Arran View Care Home states:

"The aim of Arran View Care Home is to provide nursing care for highly dependent, elderly people suffering from medical problems, including dementia. Care is to be of the highest possible quality given in a homely atmosphere, where residents may be assisted to maintain their independence and lead their lives as they choose."

What people told us

During the inspection, we spoke with 17 residents and six relatives. We used the SOFI (Short Observation Framework for Inspection) to assist us to record our observations of people's experience of being cared for in Arran View Care Home, which included our observations of staff practice and their engagement with people experiencing care. These observations were generally positive.

People were positive about the quality of care and support they received and were particularly complimentary about staff with comments which included:

'They are all excellent'.

'They are very busy, but never forget me'.

'I have the best of care'.

'The food is very good, I always get something I want'.

Relatives told us:

'I see how pushed staff are at times but they are all very kind to mum and I have no concerns'.

'I don't know how staff do it at times. I see how busy they are but they always do their very best for the people here'.

'There never seems enough to do. I wish people could get out more. But staff are excellent'.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We saw people experiencing care being treated with warmth, genuine compassion and respect. Staff encouraged residents to express their wishes and make choices in a relaxed and unhurried way. We could hear from staff engagement with residents that they knew people well and were able to have meaningful conversations about the people and things that were important to them in their lives.

Staff were aware of the need to protect people's privacy and in all areas of care and this was extended to how individuals' belongings and personal space was respected and how any personal information was held and communicated. However, individuals' privacy and dignity would be enhanced further with the provision of en suite facilities (see The Setting Promotes People's Independence).

All residents we spoke with told us they were well cared for and were particularly complimentary about how staff supported them. One resident said 'I am well looked after and very safe here'. Another told us 'I prefer to spend most of my time in my room but I am not forgotten. Staff are very attentive and will pop in and come when I use my buzzer'. A relative told us 'I always leave here feeling reassured that dad is well cared for. I don't have to worry. I know they will call me if anything should change'.

People were encouraged to express their views on the quality of the service provided. This ranged from discussions on a daily basis with individuals about their choices and preferences on the support they wanted and how they spent their day, to more formal methods such as meetings, surveys and care reviews. We could see that people's views were taken into account and used to achieve improvements in the service provided, such as changes to the menu, discussions on how to spend funds and suggestions for activities and outings.

People living in Arran View Care Home had the confidence of knowing that their care arrangements were reviewed at the required intervals. However, the quality of review minutes could be improved to more accurately reflect discussions and whether individuals personal outcomes were being met. (Area For Improvement 1)

People living in Arran View Care Home benefitted from the presence of a small team of staff specifically employed to facilitate activities and ensure there were opportunities to participate in a range of indoor and outdoor activities.

We saw that some group activities and one-to-one activities took place on a daily basis in each unit. People who spent most of their time in bed participated in 'Bed Therapy' which included pampering sessions and stimulation through music, touch and smells which were specific and meaningful to each individual.

There were links with local schools and nurseries who provided opportunities for intergenerational activities. We saw a regular programme of visiting entertainers which residents told us they enjoyed. Some residents accessed groups and leisure facilities in the local community. However, we were told that the numbers for each trip to external groups could be restricted. This meant that, depending on the numbers on any one day, individuals were not always able to attend the groups consistently as they had to make way for others to ensure all who wanted to had the opportunity to enjoy the experience. We spoke with a member of activity staff about how this could be managed better to ensure that all those who wished to attend the local groups consistently could do so. We look forward to seeing this achieved at the next inspection.

The service should ensure this good personal outcomes are achieved and evidenced for everyone experiencing care and that all residents get the most out of life. We should be able to see how individuals aspirations and choices are being met wherever possible. However, we were unable to evidence this as the quality of activity records were generally poor. The area for improvement made in the last inspection relating to activities is repeated. (Area for improvement 2)

People living in Arran View Care Home could be confident that the care and support they received benefited their health and wellbeing. Staff were knowledgeable about individuals' care needs, choices and wishes. We saw that staff responded to any concerns or deterioration in individual's health and presentation and made timeous referrals to relevant external health professionals whenever required. This helped people to stay as well as they could.

People's medication was managed appropriately, although we felt that stock management and the medication check in system could have been better. The service should consider how the management of individuals medication could be done in a more person-centred way, for example, from their own rooms, which would further enhance people's privacy and dignity.

We spoke with the chef who was aware of his and his team's role in ensuring residents had access to a varied and nutritional menu. He demonstrated enthusiasm and a good knowledge of individuals' preferences. He knew those individuals with compromised nutrition who needed additional support to achieve good outcomes and maintain and increase weights where needed.

Areas for improvement

1. The quality of review minutes should be improved to more accurately reflect discussions and whether individuals personal outcomes are being met.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

2. Activities staff and the wider staff team should be supported by the provider and management to promote an active life for residents with opportunities to participate in a range of recreational, social, creative and physical activities, both indoors and outdoors - locally and in the wider community.

How good is our leadership?

4 - Good

In order to answer this question we looked at and evaluated quality indicator 2.2: Quality assurance and improvement is led well.

People living in Arran View Care Home had benefited from a good management presence throughout the service which also included designated managers in each of the Units.

The service followed BUPA quality assurance policies and procedures which included the completion of a number of quality audits across a range of areas of service delivery which were, in the main, effective. These identified what was working well and what required further improvement. Although this meant that people could be reassured that the quality of care provision was being appropriately monitored, we felt that the auditing system should be reviewed to ensure that quality assurance was being evaluated in all key areas. We found there could be improvements in the quality of activity records, some continued improvement was needed in general record keeping and the medication stock control and check-in system could be better managed. More targeted quality auditing systems would have identified these issues resulting in timeous improvement and ongoing monitoring. (Area for improvement 1)

The service had ensured that residents, relatives, staff and other stakeholders were involved in quality assurance by developing appropriate methods to allow them to express their views on all aspects of service delivery.

We saw that any complaints or concerns raised by residents or their relatives were handled appropriately with clear investigations and outcomes. There was a culture of 'lessons learned' where managers and staff were motivated to learn from any mistakes and ensure support systems where in place to achieve improvements.

The service had a formal improvement plan which had been developed to inform the future direction of the service in a structured way. This took account of the outcome of quality assurance audits and feedback gathered from people who experience care, their relatives and other stakeholders.

Individuals using the service could be confident that appropriate and secure systems were in place to support them manage their finances.

Areas for improvement

1. The service should review the current quality audit systems to ensure they cover key aspects of the service, such as general record keeping, accuracy of care plans and effective medication stock control and check-in systems.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

How good is our staff team?

4 - Good

In order to answer this question we looked at and evaluated quality indicator 3.3: staffing levels and mix meet people's needs, with staff working together.

We noted that there was now a more stable staff team which had resulted in a significant reduction in the use of agency staff. This had a positive impact on improved outcomes for people using the service. We saw that staff were working well as a team and this promoted an overall relaxed atmosphere in the home. Staff were working hard and engagement with those people experiencing care was generally good.

We could see that shift handovers were taking place which contributed to good communication and allocation of tasks and responsibilities.

The staff rota was structured to address periods of the day when it was recognised to be busier and fitting into residents' daily routines and mealtimes. Some staff worked shorter shifts to enhance staffing levels at these times. We could also see that staffing was increased at particular times to take account of specific events, outings or where an individual needed additional care or close monitoring. The staffing rota provided some flexibility in response to the needs of people living in Arran View Care Home.

Dependency assessments were completed on a monthly basis which estimated the overall number of staff hours required. This gave some assurance that the overall staff hours provided were in keeping with meeting the essential care needs of people using the service. There were good communication systems in place which included daily meetings with heads of departments and discussing any staffing issues and how they could be addressed.

Staff vacancies had been advertised and the recruitment process had taken place. Current gaps in the rota were being filled by bank staff.

How good is our setting?

3 - Adequate

In order to answer this question, we looked at and evaluated quality indicator 4.2: The setting promotes people's independence.

Arran View Care Home provided residents with single rooms. However, they did not include en suite facilities which could impact on how individuals independence could be fully promoted. The provider should consider the provision of en suite facilities in any future development plans for the service.

We saw good examples of how people were encouraged to personalise their bedroom space to make it feel more homely. One resident told us how the care staff and maintenance staff had helped her to get her room the way she liked it with her own soft furnishings, photographs and various decorative objects which were important to her. She told us 'I really like my room and staff help me to keep it nice'.

Each of the Units had a secure garden area that the majority of residents could access from patio doors in their rooms. There were other access points from the lounge/dining rooms in each unit. This meant that people could access the garden independently if they were able to do so. There was a good selection of photographs showing how the garden had been well used by residents over the warm summer months.

There were an adequate number of adapted toilets, bathrooms and showers provided.

There was a good range of equipment to support people's needs including hand rails in contrasting colours throughout the Unit to aid mobility. The Units had appropriate lighting including good natural light. A call alarm system was available to allow residents and staff to summon assistance if necessary.

All the units except Lochranza had a large, bright open plan lounge/dining area with a kitchenette. The public space in Lochranza has been partitioned off to create separate areas including a dining space, TV lounge, smoking lounge and a quiet sitting area. People living in Sannox and Whiting Bay Units would benefit from having a quiet sitting area that they and their visitors could enjoy as an alternative to the open plan sitting/dining area. The provider should consider this in any future development plans for the service.

The flooring in Sannox Unit was in a particularly poor condition and should be replaced. (Area for improvement 1)

Although each Unit had a kitchenette area, these were not safe areas for residents to use independently. The provider should, following risk assessments, consider the use of drinks and snack stations to further encourage residents independence.

There was good signage in each unit to orientate residents and assist them to move independently around the Units.

The manager informed us that a Kings Fund Environmental Audit tool had been completed in the past but this would be repeated in the coming months.

The provider had good systems in place to ensure that all equipment used to support people experiencing care was well maintained and serviced at required intervals.

Areas for improvement

1. The provider should replace the flooring in Sannox Unit, which was in poor condition.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

How well is our care and support planned?

4 - Good

In order to answer this question we looked at and evaluated quality indicator 5.1 : assessment and care planning reflects people's needs and wishes.

Residents benefited from assessments carried out by competent and suitably trained staff. Assessment tools used to support the care planning process, were based on current good practice, such as, Malnutrition Universal Screening Tools (MUST) and Waterlow risk assessments. Frequent and well completed assessments help to direct staff on how to meet individuals' assessed needs. We noted that a small number of MUST risk assessments were not accurately completed and we brought this to the manager's attention. The provider should also make more use of the Prevention of Falls and Fractures resource which reflect current best practice.

Care plans did, on the whole, reflect individuals' assessed needs. However, there were instances where it was not always clearly stated in assessments and evaluations why it had been decided that individuals required their weight to be monitored on a weekly basis or why there was a need for food and fluid monitoring.

We saw that, wherever possible, people experiencing care were involved in the care planning process or where this was not possible, or limited, their relatives were consulted to ensure assessments and care plans were accurate and person-centred.

The appropriate legal documentation was in place naming the people who would support individuals in the decision making process.

There had been some improvement in the quality of record keeping in care charts, such as the application of topical medications, food and fluid and repositioning charts. There were still improvements needed in the way that food supplements were recorded and the direction provided to staff. Individual residents care records were now held in individual folders. A daily allocation sheet was available, naming the staff allocated responsibility for the care of specific residents on that day. Although we consider the requirement in the last inspection report to be met, we have included this as an area of improvement to ensure that continued improvements are made and sustained. (Area for improvement 1)

We gave some suggestions to management on how the current model of care planning could be further improved to reflect individuals' personal outcomes and preferences.

Areas for improvement

1. The provider should ensure that accurate and regularly audited care records are maintained which include clear directions to staff. These records include:

- the application of topical medications
- monitoring food and fluid intake
- repositioning regimes
- food supplements

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: My care and support meets my needs and is right for me (HSCS 1.19) and I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) .

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

Requirements

Requirement 1

The provider must ensure that staff maintain accurate records of the care and support given to residents. In order to achieve this the provider must:

- review the management of the supplementary charts used to meet the needs of residents needing enhanced levels of support due to their increased healthcare needs
- manage the use of supplementary charts in a person centred manner
- ensure staff know how to use supplementary charts properly
- ensure fully detailed instructions are recorded to inform the use of each supplementary chart
- audit the completion of supplementary charts on a regular basis to closely monitor and improve staff practice.

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 3 Principles
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) Welfare of users
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15(b)(i) Staffing

This requirement was made on 18 January 2018.

Action taken on previous requirement

There had been some improvement in the quality of record keeping in care charts such as the application of topical medications, food and fluid and repositioning charts. There was still particular improvements to be made in the way that food supplements were recorded and the direction provided to staff. Individuals residents care records were now held in individual folders. A daily allocation sheet was available naming the staff allocated responsibility for the care of specific residents on that day. Although we consider the requirement in the last inspection report to be met, we have included this as an area of improvement to ensure that continued improvements are made and sustained.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should ensure that all training delivered is effectively evaluated to ensure that outcomes for individuals using the service are being monitored and reviewed on a regular basis.

National Care Standards – Care Homes for Older People, Standard 5: Management and staffing arrangements.

This area for improvement was made on 18 January 2018.

Action taken since then

We spoke with the manager about progress in meeting this area for improvement and she agreed that given the additional issues the service had faced in the previous months with the incompleting sale of the care home she had not progressed this as much as she had hoped and it was agreed that this area of improvement would be continued.

This is not met.

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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
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?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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