

Mavisbank Care Home Service

Lennox Crescent
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Telephone: 0141 772 6162

Type of inspection:

Unannounced

Completed on:

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Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Service no:

CS2011300752

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service registered with the Care Commission 31 October 2011.

The service is registered to provide care and support for up to 45 older people and 15 younger people who have a physical or sensory impairment. There were 57 people living in the home at the time of the inspection.

Mavisbank Care Home is a purpose-built facility occupying two-floors and providing accommodation for 60 people in single rooms, with en-suite (toilet and wash hand basin) facilities. There are lounge and dining areas and adapted bathrooms and shower rooms on both levels.

On site parking is available and the service is close to bus and rail links.

The provider, HC-One has the following mission statement:

"Our company is built on the principles of involvement, accountability and partnership. We want HC-One homes to be the kindest homes in the UK with the kindest and most professional staff, where each and everyone matters and each and everyone can make a difference".

What people told us

We asked people living in Mavisbank Care Home and their relatives to share their experience of the service. We spoke to twenty-seven people during the inspection visit.

Before the inspection, we asked the provider to distribute questionnaires to people using the service, their relatives and staff. Nine completed questionnaires were returned to the Care Inspectorate.

People we talked with during the inspection commented positively about the staff that supported them and the care they gave. They described staff as kind, patient, supportive and friendly.

People living in Mavisbank Care Home told us -

"The staff are lovely and take very good care of me"

"I like getting out on trips"

"I'm comfortable here, I have everything I need in my room"

"The food is good, but it can get a bit samey"

"It can be a long day, I get a bit fed up"

People said that there were activities and outings to keep them occupied through the day. People particularly liked to get out to the bingo and to a local social club.

Visiting family members spoke highly of the skills of the staff and of the care they gave.

People we spoke with said-

"The staff are very helpful, they can't do enough"

"My relative is happy and settled here. The staff were very supportive when she first came to stay in the home. They go over and above to help"

"My relative has had good health care here. The staff are quick to contact the GP if there is a problem. I find this very reassuring".

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

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

How well do we support people's wellbeing? 3 - Adequate

People living in Mavisbank Care Home were supported with compassion and warmth by staff who knew them well. Staff used their knowledge of individuals to care for people taking the preferences and choices of the person into account.

At times the actions and practice of staff resulted in adverse outcomes for the well-being of people living in the home. Staff should be supported to develop their practice to ensure that their actions and use of language promotes dignity and respect for the people they support.

There was a focus on completing tasks that resulted in a limited person centred approach to support. Staff frequently missed opportunities to connect with people. We saw significant periods of time when staff did not meaningful engage with people. This was particularly evident for people who spent most of their day in their bedroom and people who had limited communication. This could result in people feeling ignored and becoming isolated.

Staff should be supported to develop their skills regarding engaging with people living with dementia. Training for staff will be the subject of an area for improvement detailed in Key Question 3 of this report.

People benefit from being able to take part in activities that are meaningful to them and suited to their abilities. There was a range of events and group activities available for people to take part in. The service had developed links with local groups to help keep people in touch with their community. People told us how much they enjoyed getting out and meeting others.

The range of meaningful activities was limited for people who were less able to communicate. The provider should develop a programme of activities that will engage the interests and support the abilities of everyone living in the home.

See area for improvement 1.

People should be able to enjoy sociable mealtimes with well-presented healthy meals, snacks and drinks. During mealtimes staff were deployed well to support people to eat and drink. Attention was given to ensure that people received the diet that was correct for them. However, the provider could do more to develop the social aspect of mealtimes. This would support people to be able to enjoy meals at their own pace and enhance their well-being.

People we spoke with commented that the menu choices were repetitive and "samey". The provider should ensure that menus reflect people's choices and preferences. They should review the menu choices in consultation with people living in the home.

See area for improvement 2.

The health care needs of people living in the home were well-managed by a skilled and experienced nursing and care team. We saw that attention needed to support healthcare issues was managed promptly and appropriately. Relatives of people living in the home spoke of being "reassured" by the management of individuals healthcare needs. There was evidence that advice and directions from visiting healthcare professionals were followed to support the health and well-being of people living in the home.

Medication was managed well to support individual's healthcare needs. There were systems in place to ensure the safe and effective management of medication. There was a need to develop information to guide staff regarding the administration of medicine prescribed 'as needed'. This would ensure consistent management of this medication and that it was being administered in the best interest of the individual.

See area of improvement 3.

Areas for improvement

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

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

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

The provider should review the menu in consultation with people living in the home to ensure their choices and preferences are reflected.

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

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

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

3. The provider should ensure that medication prescribed 'as needed' is managed taking the best interest of the individual into account. Guidance should be developed for staff to ensure there is a consistent approach to management of this type of medication for individuals.

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

'Any treatment or intervention that I experience is safe and effective'.
(HSCS 1.24)

How good is our leadership?

3 - Adequate

To support a culture of continuous development and improve the outcome for people the provider used their quality assurance systems. The quality of service provision was assessed and monitored by auditing specific areas such as record keeping, health and safety and clinical governance.

The audit format was based on assessing compliance with service provision but did not take account of the outcomes and experiences for people living in the home. Examples of the impact of this approach were reflected in the functional approach to mealtimes and the need to improve meaningful activities to include everyone living in the home. We concluded that the current quality systems did not drive the improvement of outcomes for people

We were told by senior management that there was an ongoing review of the provider's quality assurance systems taking the experiences of people using services into account. We will monitor the progress with this review and the impact on improving outcomes for people at the next inspection.

The views and comments from people using the service were gathered in a range of ways. There was a schedule for meetings which included people living in the home and their family members. We saw that a range of issues had been discussed at repeated meetings. This included the need for refurbishment and redecoration of the home and a review of menus. During the inspection visit we saw that there was a need to progress with action to improve these areas for the benefit of people living in the home. We have made targeted areas for improvement to address these issues. These are detailed in Key Questions 1 and 4 of this report.

How good is our staff team?

3 - Adequate

Staff showed that they were familiar with the choices and preferences of the people they supported. We saw that they used this knowledge when supporting people, resulting in care and support being delivered acknowledging people choices.

To ensure that staff were trained, competent and skilled the provider had a programme of on-line learning modules to ensure that staff met core training needs. This included topics such as, health and safety, medication management and safeguarding. Staff had generally completed the core on-line modules. There was a need to ensure that all staff had completed refresher modules to keep their knowledge up to date.

See area for improvement 1

Training records showed that staff had completed Dementia Care training. However, many staff were not applying this knowledge to their practice. There was a need for the provider to ensure that staff developed their skills and knowledge to support people living with dementia. The provider should formally assess the impact training has on staff practice and support staff to reflect on the way they support people. This would help establish and embed sound, safe, person centred practice and promote good outcomes for people.

See area for improvement 2

There was a schedule of one to one staff supervision in place. Staff told us that they received supervision regularly. The minutes of supervision meetings were brief and lacked detail. They did not reflect the outcomes of training or competency reviews. To help promote good practice and improve outcomes for residents the provider should ensure that staff involved in supervising others understand the basis of effective supervision.

See area of improvement 3

To raise standards of practice and increase the protection of people who use services all care staff should be registered with the Scottish Social Services Council (SSSC). Care staff working in the service were registered with the SSSC. However, staff in a supervisory capacity was not all registered in the correct part of the register.

See area of improvement 4

Areas for improvement

1. The provider should ensure that staff knowledge of is kept up to date. In order to do this core training and refresher training needs to be completed within expected timescales.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

2. The provider should support all staff with dementia care training such as the 'Promoting Excellence programme for dementia learning and development'. This would ensure that staff develop the skills and knowledge to deliver responsive, person centred care which reflects the principles of dignity, privacy and respect in line with the Health and Social Care Standards.

The provider should formally assess the impact training has on staff practice to determine learning and understanding.

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

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes"
(HSCS 3.14)

"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)

3. To effectively support staff development the provider should improve the skills of supervisors. Ensuring that records of supervision reflects the impact of training on practice and the outcomes of competencies.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'.
(HSCS 3.14)

4. To protect the health and welfare of residents and promote confidence in staff the provider should ensure that staff are registered with the SSSC on the correct part of the register.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes'
(HSCS 3.14)

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'
(HSCS 3.20)

How good is our setting?

3 - Adequate

People experiencing care should expect to live in a setting that promotes their independence, offers a mix of private and communal space and has access to outdoor space.

The lounges and dining areas had been redecorated and had a homely feel. However, some of the lounges and dining areas were small. This impacted on people's experience mainly due to noise levels and having too many people in one area. There were other areas within the home which could be developed to offer alternative lounge and dining areas. During the inspection the provider started to make use of these areas. This allowed people to spend time and have meals in a calmer setting.

There was a need for further development of communal areas in the home to enhance people's well-being.

The quality of the décor in many areas of the home was poor. This impacted on the well-being of people living there and did not support positive outcomes. There was a need to improve the décor through out the home to create a dementia friendly setting and enhance the environment. This included better signage to help direct people around the home to promote orientation and independence. This had been highlighted at the previous inspection but not fully actioned.

We could not determine that people were able to spend time outdoors. Access to outdoor space was limited by the lack of signage directing people to the garden and the need to negotiate two locked doors. The garden area was not inviting and needed to be improved. We were told that there was a plan in place for garden work to be completed within the month.

The setting of the home needs to be improved to benefit people living in the home and support them to reach their full potential.

See Area for Improvement 1.

Areas for improvement

1. The provider should improve the setting by ensuring it is developed and used to its full potential to support the well-being and promote the independence of people living in the home.

This includes, but is not limited to the following -

- improve the décor to create a dementia friendly environment
- ensure there are sufficient spaces and alternative areas for people to spend their time
- develop the garden and improve access to outdoor space.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1)

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

How well is our care and support planned?

3 - Adequate

To ensure a person centred approach to support personal plans should reflect how effective the planned care has been in promoting positive choices, experiences and quality of life for each individual.

The format of personal plans was compliance based and not outcome focused. The language used was clinical and the language used did not always promote the principles of dignity and respect. There was some information regarding individual's choices, preferences and what was important to them. This could be expanded by involving individuals and their representatives in the development of personal plans.

The sections of the plans detailing the management of health issues demonstrated agreed approaches for the

management of healthcare needs. This provided guidance to staff about how to support individuals taking account of their choices and care needs.

Evaluations to determine if plans of care were effective were not meaningful. There was a need to improve the evaluation of personal plans to demonstrate how effective the plan was at meeting the needs for the individual. Therefore, reinforcing a consistent approach to care and support.

Records about day-to-day support and the experiences for people tended to be functional and impersonal. The details about how individuals spent their day should be improved to reflect a responsive, person centred approach to care.

People using the service had opportunity to discuss their care on a six monthly basis. There were minutes of these meetings. However, the minutes did not capture much beyond clinical care. The service should take opportunity at these meetings to reflect on individual's choices and preferences regarding their care and support.

See area for improvement 1.

Areas for improvement

1. The provider should develop individuals' personal plans to clearly set out how the health, welfare and safety needs for the person are to be managed and met.

In order to do the provider should ensure-

- personal plans are developed in consultation with the individual and their representative to reflect choices and preferences of the person
- personal plans and care records should reflect a responsive, person centred approach
- evaluations and six monthly review minutes should be outcome focussed, that is, reflective of how effective the planned care had been in promoting positive choices, experiences and quality of life for each individual.
- written language should promote dignity and respect for people using the service

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

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15)

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

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 service should ensure regular supervision of all staff to include evaluation of staff competency in order to identify where staff may need further training or support. This is to ensure that each staff member is skilled and competent to carry out safe and effective practice.

This area for improvement was made on 18 May 2018.

Action taken since then

There was a schedule in place to ensure that staff received regular supervision. The records of discussions during supervision meetings were brief and did not verify the outcomes of competency assessments.

There will be a continued area of development regarding staff supervision. This will be detailed in Key Question 3 of this report.

Previous area for improvement 2

The provider should take measures to improve the prevention and management of falls in the home.

In order to do this the provider should do the following:

- Review and update the service's falls prevention and management policy and procedure to ensure that it takes account of current best practice.
- Review staff knowledge and competency, address any gaps including training in the prevention and management of falls.
- Where residents are identified as being a risk of falls, ensure risk assessments are reviewed and care plans are updated following a fall where necessary and ensure that care plans give clear direction to staff on how to support residents.

This is to ensure 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' (HSCS1.15) 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)

This area for improvement was made on 25 September 2018.

Action taken since then

We saw that the service worked with policies and procedures that reflected current good practice guidance.

There were risk assessments in place to assess and monitor the risk of falls for individuals where appropriate. Care plans and risk assessments were kept up to date to reflect current care and support to minimise the risk of falling for individuals. There were systems in place to ensure that staff had up to date information regarding the management of risks for people living in the home.

Training had been completed to ensure that staff were knowledgeable about prevention and management of falls.

This area of improvement has been implemented.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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?	3 - Adequate

5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate
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