

Eastwood Court Care Home Service

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Glasgow
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Type of inspection:

Unannounced

Completed on:

4 July 2019

Service provided by:

Larchwood Care Homes (North) Limited

Service provider number:

SP2011011695

Service no:

CS2011301138

About the service

This service registered with the care inspectorate on 31 October 2011.

Eastwood Court is registered to provide residential and nursing care to 52 older people. The accommodation is on three floors, with the main lounge and dining room on the ground floor. There is a conservatory on the ground floor that opens on to a private decking area. There are small lounges on the first and second floor, but these floors mainly consist of bedrooms.

The home is situated in Giffnock, East Renfrewshire and has its own private car park.

The aims and objectives of the service state 'We will ensure that all needs of the residents are identified and addressed in a holistic manner on an individual basis. Our approach to care is one that encompasses all physical, social, psychological, emotional and spiritual needs. Residents will be encouraged to exercise their optimum participation in any decision making affecting their package of care'.

What people told us

We gathered feedback from residents in the service and their families by speaking to people during the inspection. Overall, we received positive reviews on various aspects of living at Eastwood Court. People told us that the staff were very caring and nice to them. Some people expressed concern that there had been another change of manager and some felt that at times they felt that there could be more staff on duty. People told us that the meals were good and they enjoyed the many choices of food. People spoke positively about the activities that were available to them, with a few saying that they felt there could be more for people who stayed in their bedrooms. Comments received included:

- Staff are very caring.
- I feel that the staffing levels could be better at times.
- Staff keep me up to date with my relative's health.
- The place is a bit unsettled just now since the management have changed again, but the new manager and deputy seem nice.
- My relative is well looked after and kept comfortable.

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?	4 - Good

How well is our care and support planned?	3 - Adequate
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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

In order to answer this question we considered and evaluated the following Quality Indicators

1.1 People experience compassion, dignity and respect - graded 3 - Adequate

1.2 People have a good quality of life as a result of their care and support - graded 3 - Adequate

1.3 People's health benefits from their care and support - graded 3 - Adequate

It is important that staff across the home treat residents with compassion, dignity and respect. We observed staff to be hard working and spoke to people in a kind way. Residents and relatives we spoke with told us that the staff were very caring.

The way people spend their day should promote feelings of purposefulness and wellbeing. The home had recently had a change to their activity staff and whilst some training had been given to them, we heard about further support that was planned by the provider. We found that there was a weekly activity programme in place, that had a mix of in house activities including quizzes, bingo and music groups along with external entertainers, pet therapy and other booked activities. We would expect any activity programme, to include some trips out, but this had not been happening due to a lack of drivers for the minibuses, however, the home were looking at starting these again. The home is on three floors, but activity staff only work on the main ground floor. We have asked the home to look at ways to ensure that the people who live on the other two floors, but are unable to or do not want to go to the ground floor, can be included in the activity programme. Please see area for improvement 1.

We looked at how the service supports people during episodes of stress and distress. We found that care planning which should provide guidance for staff varied across the home. We noted that improvements were needed in how the home recorded the use of as required medication and recorded when residents were experiencing stress and distress. We observed staff to be kind and reassuring, however, some staff had better knowledge than others on how to support people living with dementia. Please see requirement 1.

We sampled the management of medications and found that this was not consistent across the home. We asked the service to look at standardising practice across all floors. Management had been carrying out audits and we could see from these that some areas had improved. A few areas needed more work, to ensure that people received their medications as prescribed including, timely administration of medications that are prescribed on a once weekly basis and the signing of medication records by staff, to demonstrate whether medications had been administered or not. Please see area for improvement 2.

People told us that they enjoyed the meals at the home and that there was plenty of choice. We noted that there had been a resident meeting recently where the residents had asked for some changes, to the meals and the home had addressed this. Management had an overview of resident's weights in order to support those at risk of malnutrition. Records that staff kept to monitor resident's food or fluid intake were not always completed well and we felt that these could be monitored better, in order to ensure that they were meaningful. We observed plenty of drinks to be offered throughout the day and those who needed staff to support them were supported in a gentle way.

Requirements

1. To ensure that people who experience stress and distress are fully supported, then the service must ensure that by 31 October 2019:

- i. All service users have an individual care plan in place that identifies known triggers and tried and tested techniques to reduce their levels of stress and distress.
- ii. Where a service user is prescribed any medication to alleviate their stress and stress, then there must be clear guidance on how and when this should be administered. A record must be kept of when any 'as required' medication has been administered, the rationale for this and what the outcome was.
- iii. Supporting documents, including 'ABC' charts must be used for any new service users or when an existing service user's mental health changes.
- iv. Staff must have the skills to support service users by receiving training on mental health conditions, including dementia, and how to support service users who experience stress and distress.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19) 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 Regulation 4(1)(a) (welfare of service users) and Regulation 15(b)(i) (staffing) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Areas for improvement

1. The service should ensure that all residents have the option to be part of the home's activity programme regardless of their abilities or where they live within the care home. Residents should have opportunities to be part of the local community and assisted to spend time out with the care home. This ensures that 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)

2. The service should ensure that people receive their medications as prescribed. This ensures 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

In order to answer this question we considered and evaluated the following Quality Indicators

2.2 Quality assurance and improvement is led well - graded 3 - Adequate

Since the last inspection there had been a change of manager and deputy. The manager had only been in post just under two months and the deputy under one month. However, the vast majority of staff we spoke with told us that the new management were approachable and whilst changes were unsettling, they were looking forward to the home moving forward.

Residents and relatives we spoke with also felt unsettled at there having been another change in management, but those who had met the new manager and deputy felt that they were approachable and professional.

People using the service should feel assured that the service has a robust quality assurance system. We found that the service had a system that covered all key areas of the service, including nutrition, falls, accidents and incidents. The management team had recently worked hard to catch up with audits following the change of manager. It was reassuring to see that the areas we had concerns about during the inspection, were similar to those highlighted by the service. Actions plans had been devised and these were currently being worked through.

We found that although the manager was only recently in post, they had held initial meetings with staff, residents and relatives which gave people an opportunity to provide feedback about the service and offer any ideas or suggestions. The manager had devised an action plan following these and was now in the process of working through these.

The service had a system in place for managing any complaints or concerns and we found that any that had been raised had been investigated with any lessons learned put in place.

We looked at the management of accidents and incidents and found some areas that needed improved. There had been a lack of investigations into accidents and incidents to allow for an investigation to take place, where needed, and to establish if any follow up action was required. Since the new manager had started she had commenced doing this, but we found a few significant incidents that had taken place recently but had not been brought to her attention by staff to allow her to do this. During the inspection the service looked into these incidents, but up until then they were unaware of them. Please requirement 1.

Requirements

1. To ensure that people who experience care can be assured that the provider makes proper provision for their health, welfare and safety, then the service must ensure that by 31 October 2019:
 - i. A robust system is in place for the recording and monitoring of all accidents and incidents.
 - ii. Any significant accidents or incidents are thoroughly investigated and that any lessons learned are identified and put in place.

This ensures that care and support is consistent with the Health and Social Care Standards, which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14) 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 Regulation 4(1)(a) (welfare of service users) of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our staff team?

3 - Adequate

In order to answer this question we considered and evaluated the following Quality Indicators:
3.3 Staffing levels and mix meet people's needs, with staff working well together - graded 3 - Adequate

People using the service, should feel assured that there are enough staff to support them. We found that the service calculated the dependency of residents against staff hours worked and took into account the layout of the building. The feedback we received from residents, relatives and staff was that they felt that there were usually enough staff on duty. However, at times, due to last minute sickness, the staffing could be better. We discussed this at feedback and were assured that all attempts would be made to cover staff sickness and that the new manager would closely monitor the situation.

We received lots of positive feedback from residents and relatives about the staff and we observed many lovely interactions between staff and residents. Whilst there had been a few changes of staff, we heard there were many staff who had worked at the home for a while and so knew the residents extremely well.

The vast majority of staff we spoke with, told us that there was good team working and newer staff told us that they had been made to feel welcome and part of the team.

We heard about some initiatives that had taken place since the last inspection including, the introduction of daily morning meetings to improve communication throughout the service. However, due to the several pieces of key information that we found during the inspection that staff or management were not aware of, then we have asked the service to review this. Please see area for improvement 1.

Areas for improvement

1. The service should ensure that there is robust communication between all staff to ensure that key information about residents is not overlooked. This ensures care and support is consistent with the Health and Social Care Standards, which state: "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27).

How good is our setting?

4 - Good

In order to answer this question we considered and evaluated the following Quality Indicators
4.2 The setting promotes and enables people's independence - graded 4 - Good

People using the service should be assured that the environment is kept clean and odour free. We found the home to be clean, tidy and free from offensive odours. The provider had recently upgraded some communal areas of the home and were now starting a programme for the bedrooms. Resident's bedrooms were homely and people are encouraged to make them like this.

The care home has a large lounge area on the ground floor with a conservatory leading from it. This is a very big area and the service had tried to arrange the lounge chairs to encourage people to be able to chat to each other in smaller groups. The conservatory had recently started to be used a few times a week, to create a more private fine dining experience for residents, which residents we spoke with told us that they enjoyed.

We observed residents being able to freely move around the care home and out onto the decked area at the front of the home which was a nice area with garden furniture and flowers. Staff supported residents to use the stairs to maintain their mobility.

The service had a range of equipment to support people varying needs and make them more comfortable including, profiling beds, pressure relieving mattresses and alert mats.

How well is our care and support planned?

3 - Adequate

In order to answer this question we considered and evaluated the following Quality Indicator:
5.1 Assessment and care planning reflects peoples' needs and wishes - grade 3 - Adequate

Residents should be confident that their care plans give clear direction on how to deliver their support and that they are reviewed and updated when there are any changes in their health or circumstances. We made a

requirement around care plans at the last inspection. We sampled these across the service and found that the service had recently worked hard to ensure that these were in place for each resident and that they contained enough information, to guide staff on how best to care and support them. They were now in a good position to work with the residents and their families to further develop these.

We looked at six monthly reviews and found that, where in place, residents and/or their relatives took part in six monthly reviews of care. These had fallen a bit behind due to the management changes. However, the new manager had already identified this and devised a planner to bring them up to date. Whilst these provided an overview of the persons health, we have asked the service to look at using the review as an opportunity to set goals for the next six months, which may not necessarily be health related, but more related to hobbies and interests.

Each resident had individual supporting documents that had been identified to be completed by staff each day, to ensure that all aspects of their care and support were monitored, this included those who were at risk of malnutrition and poor oral hygiene. We also sampled the daily reports written by staff to record how each resident had spent their day and any relevant changes in their health. We did not find that these were being completed consistently by staff and that there was a lack of monitoring of these on a daily basis. We were concerned that some staff did not appear to grasp the importance of accurate and contemporaneous record keeping. Please see requirement 1.

Requirements

1. To ensure that people who experience care can be assured that their health and care needs are fully planned and delivered they must, by 31 August 2019:

- i. Accurate and contemporaneous records are kept for all documents that support and inform the care plans. This must include, but not be limited to daily records, food and fluid charts, oral health charts and pressure area care charts.
- ii. Staff receive training on record keeping and accountability.
- iii. A system is in place to monitor staff competency.

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) 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 also complies with Regulation 5(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

Requirements

Requirement 1

To ensure that people are supported with all aspects of their life, the provider must ensure that there are comprehensive personal plans in place, by 28 February 2019, to guide staff on how to care and support each person. 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 also complies with Regulation 5(2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This requirement was made on 27 September 2018.

Action taken on previous requirement

Please see information under key question 5.

Met - outwith timescales

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
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
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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