

Glenhelenbank Residential Home Care Home Service

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Unannounced

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Service provided by:

Glenhelenbank Residential Home

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Service no:

CS2003009755

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

Glenhelenbank is a small residential home in the village of Luncarty, north of Perth. It is registered to provide care and support for up to 13 older people. For most people, this is their long term home, for others a short stay allows a respite break or a period of assessment following on from a hospital discharge. At the time of our visit 12 people were resident and no one was visiting for a short stay.

The home is small and comfortable with traditional décor. There are two communal lounge areas, which are light with large windows and good views of the gardens. One is a quieter space and the other tends to be used for watching TV and listening to music. A communal dining room is available; people can dine in other areas if they choose.

All rooms are single, with four having a toilet/wash basin en-suite. There is a communal shower and bathroom close to people's bedrooms. One bathroom was out of use during our visit and we were informed that this would be repaired by the end of that week.

There are spacious landscaped gardens to the front of the property but not all can use this area as it is steep with stairs. The manager plans to develop the patio area at the rear of the home which is more easily accessible.

The home continues to build upon relationships with the local and wider community enabling people resident to feel connected to their communities outwith their home.

The service states that it aims to provide an environment where:

'Individuals are respected, honesty and trust are generated, loyalty is honoured, individuality and dignity are assured, and privacy is respected with the mental and physical wellbeing of residents being of the utmost importance'.

What people told us

We spoke with most people resident and they said that they experienced warmth and kindness in their home. The majority felt that staff had the time to support and care for them and when one person told us that they felt rushed, this was of a concern to the manager who told us they would address this.

One person who moved in recently said they had been made to feel very welcome and that they had developed friendships they valued. They told us that they were active and enjoying life. People did feel safe and secure at Glenhelenbank and the small, homely feel was important to people resident and their families.

We sent out questionnaires to people before our inspection visit. Comments included:

'All staff are very good'

'Staff are welcoming to visitors'

'The activities, entertainments and trips are well organised and enjoyed by residents and staff'

'Problems are sensitively addressed and resolved'.

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

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 using care services can expect to be accepted and valued whatever their needs. Their human rights should be protected and promoted and they should be supported to uphold their rights. People living in Glenhelenbank were supported with compassion, dignity and respect. We saw that staff had built warm, caring relationships with people living in the home. People were treated fairly and their views and character known.

Staff encouraged people to make their own decisions about their day to day life in the home and people could choose to spend time alone or with others. Staff's understanding about what could upset people had developed and individual staff were valued by relatives for their patience and approach.

People had the chance to come together and talk with staff through both formal and informal meetings. At formal residents' meetings, the conversation tended to revolve around people's views on the meals and events planned. The service should consider how it can obtain the views of people in a broader sense and further consider those who have communication support needs.

People should be able to choose to have an active life. Participating in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors is vital in supporting people to achieve their wellbeing and their potential. People resident and their families continued to praise the Activities Lead. They supported people to develop new interests and ensured that a programme of activities and events were on-going in the home. Outings to the theatre, local restaurants and garden centre were enjoyed. One person told us that they had time to browse in the garden centre and then met friends and staff for coffee, this sense of independence was important to them.

The service had been inspired from their involvement in the Care Inspectorate's physical activity programme (CAPA). In reality, this had not changed the approach of the whole staff team. A stronger level of meaningful

movement and activities to support daily routines, living skills and health promotion would benefit and support people's wellbeing and sense of worth.

Different organisations were involved with supporting people's health and wellbeing. GPs, opticians and podiatrists visited regularly and specialist practitioners when required. This included nurses from the community health team who were guiding staff on how to assess changes in people's mood and behaviours.

People were kept safe by staff taking appropriate first aid and immediate actions following accidents and incidents. But there were missed opportunities to take actions required to prevent the accident or incident from happening again. We discussed this with management and staff who recognised that this affected people's health and wellbeing.

Other aspects of how people's health and wellbeing were assessed and monitored could be strengthened. For example, when staff wanted to know how well people were drinking, fluid charts were used. These were not always completed and at other times, were completed when there was no benefit to the individual or the staff team. We saw a similar pattern when assessing when people had creams applied.

Staff are to be encouraged to speak up when they believe that new equipment or resources will improve people's health and wellbeing. This will mean that people's care and support meets their needs and is right for them.

The manager plans to work with the staff team and community dieticians to ensure that the menus on offer work well for all people.

The need to develop how the service assesses and monitors people's health and wellbeing have been reflected through the formal areas for improvement and requirements made under the leadership, staffing and planning sections within this report. The service is committed to working with partner agencies including the Social Work Department and the Care Inspectorate so that people can experience high quality care based upon relevant evidence, guidance and best practice.

How good is our leadership?

3 - Adequate

A new manager started working in Glenhelenbank in February 2019. It was important to the provider and the depute that they appointed a person who would fit well with the people living and working in the home. Staff, people resident and relatives told us that the manager was approachable, valued their opinion and was making changes at a steady pace; this was important in this small homely service.

The manager had started to make necessary changes including developing staff training, focusing on health and safety and ensuring that all staff were registered with the appropriate professional body. These improvements meant that the importance of people's safety and wellbeing was recognised.

The manager showed a realistic understanding of the improvements and developments still to be made and was implementing action plans. A strong level of self evaluation should be in place. This will lead on to a more organised and systematic approach to identifying what needed to improve, and making the necessary changes.

In July 2018, we made a formal recommendation that the service should develop quality assurance systems. We would expect to see regular audits in a number of areas in the home (such as medication, care plans and accidents) to identify what the service could do better.

We could not evidence any development in this area.

For example, the service collected information on when people fell; but the information gathered was not used to assess why that person fell or what could be done to improve that person's quality of life. This meant that the quality assurance checks were not resulting in change or improvement. People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. A requirement has now been made (See requirement 1).

Requirements

1. In order to improve the experiences of people living in the home, the organisation must have robust and transparent quality assurance processes in place by 1 December 2019.

This means that:

Areas of responsibility and accountability are clear to all staff and staff are competent in quality assurance, recording systems and can demonstrate their understanding of the role.

Issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified. This must include the general environment, incidents and accidents, medication and care planning.

This is in order to ensure that care and support is consistent with Health and Social Care Standard 4.19 which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

It is also necessary to comply with Regulation (4) (1) (a) Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our staff team?

3 - Adequate

People's care and support should be consistent and stable because staff work well together. We saw that staff worked flexibly and supported each other. This meant that people resident benefited from a warm and caring staff team who know them well and who foster the homely, comfortable feel of Glenhelenbank.

Changes were happening to improve the way that staff communicate with each other. For example, staff team meetings were now regular and they were invited to comment on areas that could be improved. An example included having door hooks in the bathrooms to hang people's clothing on; a small change but one that improved the experience for both people resident and staff. The activities lead was now involved in staff meetings which meant they could update staff on planned events and activities; and be better informed of developments and circumstances that could affect people resident.

There was a strong commitment by the staff to support each other and work well as a team. They were positive about the support they received from the new manager and their colleagues.

We expect people's needs to be met by the right number of staff who are trained, competent and skilled. People resident told us that staff were around to help when needed and we saw staff sitting with people having a chat

and a coffee. One person did feel rushed getting to the dining room at meal times, the manager told us that they will review meal times and how this feels for people.

The staff team would benefit from training and development in relation to their roles and responsibilities. This did affect the skill set of the staff team. The manager has identified what could be better and understands that to support continuous improvement this needs to be approached in a planned way. (See area for improvement 1).

People choosing and using services must be confident that the people who support and care for them have been appropriately and safely recruited. We have previously required the service to improve their processes and policies. Since the last Inspection, only one person had been recruited and the home's recruitment documents need to be improved. The requirement made remains and we expect that this requirement will be met by our next inspection visit. (See requirement 1).

Requirements

1. In order to ensure that people are receiving care and support provided by a trained, competent and skilled workforce, the provider must by 1 December 2019 have a system to demonstrate that it has followed best practice guidance in relation to safe recruitment practices. This must include:

-reviewing current policy and practice in line with best practice guidance, including the current application form.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.24 which states that: 'I am confident that people who support and care for me have been appropriately and safely recruited'.

This is in order to comply with Regulation 15 (staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. Staff's roles, responsibilities and competence should be reviewed to ensure that the skill mix, numbers and deployment of staff meet the needs of people and the service. This must include senior staff and night staff.

This is to ensure care and support is consistent with the Health and Social Care Standard 3:14 which state that: 'It is important that people have confidence that staff are trained, competent and skilled.

How good is our setting?

4 - Good

People should expect their home environment to offer them a mix of private and communal areas, including accessible outdoor space. It is also important that people's home is welcoming to their visitors and free from avoidable and intrusive noise and smells.

Glenhelenbank has a warm and friendly feel and both those resident and their visitors told us that 'homely' feel was very important to them. The home's location and involvement with the local community was often the reason why people chose Glenhelenbank as their home.

We were invited into to some people's bedrooms, they were clean and fresh and people furnished their private space with things that were important to them. People could influence how their room looked and the layout of that room. People told us that their rooms gave them the space that they needed for their belongings and we saw that individuals' monies were stored securely.

People had sinks in their rooms and told us that they could usually access a close by toilet. One toilet was out of use when we visited and this was inconvenient for some, we were told it would be repaired that week. Communal spaces such as bathrooms, toilets and lounges were signposted and this supported and encouraged people to move around independently.

People were supported and encouraged to visit the kitchen areas and make themselves drinks. It is important that people in their own home have this option and feel able to do so.

There is a good level of natural light in the lounges, the dining room is a darker environment and in time, consideration should be given to how this room could be a brighter space. The provider has ordered new carpeting leading to the dining room as this is 'wrinkled' in areas and this could impact upon people's safety and mobility.

The front garden is well tended and the view is enjoyed but it is not easily accessible. It is steep with several steps and paths. The manager has plans for developing a patio area at the rear of the home, which is flat and easier to access. Their plans for raised planters, seating and a bright inviting space will encourage people to become more involved with gardening and other outdoor pursuits which will promote people's independence and movement.

The home setting works well for most people at this time. We have advised that the provider and manager review the home environment in relation to the expectations of the Health and Social Care Standards which outline the importance of the setting promoting people's independence.

How well is our care and support planned?

3 - Adequate

People's needs were assessed when they moved into Glenhelenbank and relationships developed with local health professionals. This meant that routine health checks such as dentists, opticians and GP visits happened which supported people's health and wellbeing. People resident and relatives had some involvement at this stage but had mixed experiences of attending formal care reviews.

We considered how assessment and care planning reflected people's needs and wishes. In those first few weeks we would expect to see the service develop a support plan where the person, people important to them and key staff are involved in assessing emotional, psychological, social and physical care needs. These support plans are important in measuring people's care experience and ensuring that the support people have is right for them (including guidance and outcomes from other professionals input). The plans should be reviewed regularly and when people's needs change.

We found that support plans were not used as they should be to guide people's support and evaluate their health and wellbeing. They did not always reflect people's wishes, interests, preferences or concerns. Nor did they reflect changes in people's circumstances. For example, one persons mood had changed and at times they were distressed and angry. Staff collected information on when this happened and what the cause may be; but this was not reflected in the plan of care. Another person had fallen more frequently and the mobility plan did

not reflect this or guide staff to what changes could be made to support that person as their health changed. This meant that it was challenging to plan for people's future care needs.

One person was responsible for assessment and care planning which is very demanding and not sustainable. The manager recognised that senior staff need the opportunity to learn and develop so that they can be more involved in care planning and recognise its importance. This process will be monitored when we consider the developments in the home's quality assurance processes.

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

Requirements

Requirement 1

In order to ensure that people are receiving care and support provided by a trained, competent and skilled workforce, the provider must by 30 November 2018 have a system to demonstrate that it has followed best practice guidance in relation to safe recruitment practices. This must include:

- reviewing current policy and practice in line with best practice guidance, including the current application form

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.24 which states 'I am confident that people who support and care for me have been appropriately and safely recruited'.

This is in order to comply with Regulation 15 (staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 17 July 2019.

Action taken on previous requirement

One staff member has been recruited since our last visit in December 2018 which was not sufficient to allow us to measure developments in practice. Policies had been changed but we identified that further improvements were required. A timescale of December 2019 has been identified.

Not met

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 that those using their service and staff employed are aware of the Health and Social Care Standards (My Support, My Life) introduced by the Scottish Government in 2017.

This is in order to ensure that people using the service and staff have knowledge of what we should expect when using health, social care or social work services in Scotland.

This area for improvement was made on 17 July 2018.

Action taken since then

Through staff discussions and sampling of records we could evidence that the Health and Social Care Standards have been promoted in Glenhelenbank. Relevant documents have been shared with staff and formal training delivered.

Previous area for improvement 2

The service should continue to develop Quality Assurance systems including a service development plan. To ensure that audits are meaningful they should identify how any issues of concerns identified are appropriately recorded and followed up with outcomes, improvements and action plans. They must be led by the appropriate worker (s).

This is in order to ensure care and support is consistent with the Health and Social Care Standard 4.19 which states:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 17 July 2018.

Action taken since then

There had been no progress in the way that the service measured quality and improvement. This had not been a focus of the new manager's induction as we would have expected. We shared with the staff team several examples where opportunities for evaluation of people's support had been missed which then limited opportunity for improvement. This is a significant area where development is necessary. A requirement has now been made.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
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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