

Ardnahein Care Care Home Service

10 Glenmorag Avenue
Dunoon
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Telephone: 01369 703 371

Type of inspection:

Unannounced

Completed on:

19 June 2019

Service provided by:

Ardnahein Care Ltd

Service provider number:

SP2014012301

Service no:

CS2014325883

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

Ardnahein Care has been registered with the Care Inspectorate since 31 December 2014.

The home is registered to care for 30 older people. There were 24 people living in the home at the time of the inspection. The provider is Ardnahein Care Ltd.

The service is provided from a three-storey detached villa located in a residential area close to Dunoon town centre. It has good access to local amenities including shops, bus routes and ferry links.

The home provides single room accommodation over three floors. There are toilets and bathrooms on each floor for residents' use. The home has dining and sitting rooms on the ground and first floor.

What people told us

We asked people using the service and their relatives to share their experience of Ardnahein. We spoke with a range of people face to face during the inspection visit.

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

People we talked with during the inspection spoke highly of the staff and the care they gave. They described staff as kind, caring and friendly.

People living in Ardnahein told us that they liked living in the home.

People told us:

" I'm happy living here, the staff are friendly and take very good care of me"

"There's always someone to have a chat with "

People said that there were activities and outings to keep them occupied through the day. People particularly liked attending a local social club and events at the local school.

We were told that the food was very tasty and that there were good menu choices. People commented that they thought the food was of a high standard.

One person told us -

"The kitchen staff are very good at making sure I get the food I like"

Visiting family members spoke highly of the manager and the staff.

People we spoke with said -

"The manager has made a huge impact. The home has improved, and my relative is now much happier staying here"

"Staff are good at keeping me up to date with any changes in my relative's health"

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?	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?

4 - Good

We saw that people living in Ardnahein were treated with kindness, compassion and respect by all staff.

Staff demonstrated a good level of knowledge about the people living in the home and supported individuals' choices and preferences. Staff were attentive to individuals care and support needs.

Individuals dignity and comfort was promoted by staff who supported people to maintain their personal appearance to a good standard.

One person told us, "You couldn't ask for a better place to stay, the staff are very caring and kind".

There was a range of activities for people to take part in. This included group activities and a programme of outings. There were good links with community groups which helped to keep people in touch with the local neighbourhood. People using the service spoke positively about the opportunities they had to join in with social events and the enjoyment they got from outings to the local social club and events at the nearby school.

However, there was a need to make sure that activities were meaningful for everybody living in the home. We noticed that staff did not engage as well with people living with dementia and spent more time with people who could respond to them. This practice could result in people becoming isolated and feeling excluded. See area for improvement 1.

People living in the home commented positively about the quality of the food served and range of menus choices. We saw that the dining experience in the large dining room was relaxed. Staff showed an understanding of the importance of developing mealtimes into a social experience to support the health and wellbeing of the people living in the home. The service should continue to develop a relaxed and social dining experience for people using the smaller dining room. We will monitor progress with this at the next inspection.

People's health care needs were being supported by a staff team who called on a range of local health care professionals for advice and support relating to specific health issues.

Staff were familiar with the systems in place to manage medication for people living in the home. This helped to ensure that people were being safeguarded by the safe and effective management of their individual medication.

There was a need to develop information to guide staff regarding the management of medicine prescribed as needed' and medication prescribed to be administered covertly. This would ensure consistent management of these types of medication and that they were being administered in the best interest of the individual. See area for improvement 2.

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 ensure that medications prescribed 'as needed' and medication to be administered covertly are 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 these types 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?

4 - Good

A culture of continuous development and improvement was being supported by the effective use of the providers quality assurance system. The quality of service provision was being assessed and monitored by auditing specific areas such as record keeping, health and safety and medication management. The service had used the outcomes of audits and the views of people using the service to inform the development plan for the service.

People living in the service were encouraged to voice their views about the quality of the service and were involved in the decisions being made about service improvements.

Care reviews were being carried out on a six-monthly basis to ensure that people and their families had formal opportunity to comment on current care and support and plan future care.

People living in the home and their family members commented positively about the difference the manager had made. We noted that there had been improvement in many aspects of the care and support experienced by people living in Ardnahein. This demonstrated that the management team had a good understanding of how to use quality assurance systems effectively to steer improvement of the home. This benefited the people who lived in the home by improving the outcomes of their care and support.

There was a need to ensure that staff had the skills to evaluate and effectively record the experience of the people they were supporting. This would help to determine that people had the right care and support at the right time to meet their needs. This will be further commented on in Key Question 5.

How good is our staff team?

4 - Good

People we spoke with commented positively about the staff working in the home. We saw good examples of warm and friendly exchanges between people living in the home and staff, which resulted in positive responses from people being supported.

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, infection control and safeguarding people.

The service had started the 'Promoting Excellence programme for dementia learning and development'. We noted that this training had started to contribute to improvement in staff practice and knowledge. This was beneficial for people being supported. The service plan to continue with this training.

The provider should develop methods to formally assess the impact training has on staff practice. This would help establish and embed person centred practice and promote good outcomes for people.

To help promote good practice and improve outcomes for people living in the home staff were receiving regular supervision.

We had commented at the previous inspection that there was a need to ensure that staff in supervisory roles had appropriate training to develop their skills and knowledge to be effective in their role. We saw that at times there was ineffective leadership of care teams. This impacted negatively on the delivery of some aspects of care and support.

See continued area for improvement 1

Areas for improvement

1. To develop the leadership skills of staff in supervisory positions, the provider should ensure that staff are trained, competent and skilled in the role that they undertake.

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)

How good is our setting?

3 - Adequate

The home offered a range of communal sitting and dining rooms for people using the service. This offered choices about where people could spend time.

We saw that the large upstairs sitting room had been arranged to help provide smaller seating areas. We saw that this offered people opportunities to sit and chat with one another.

Signage in the home to direct people could be improved to help promote independence for people by directing them to facilities such as toilets.

There was scope for the environment of the home to be improved to reflect a more dementia friendly setting. The service had carried out an audit of the home using the Kings Fund audit tool 'Is your care home dementia friendly' to assist them to effect changes in the home. We will monitor progress with this at the next inspection.

The well-being of people can be promoted by having regular access to outdoor space. We noted that the garden areas were not accessible as the doors were alarmed and the space needed to be adapted to be suitable for everyone living in the home. This does not support independence or choice for people living in the service. See area for improvement 1.

We noted that there had been discussions at meetings involving people using the service about the need to improve the access to the passenger lift. We saw that there were issues with accessibility to the lift and many people could not access it without assistance from staff. This does not promote independent movement for people living in the service. See area for improvement 2.

Areas for improvement

1. The provider should improve the garden areas of the home. Access to the garden should be reviewed and staff should support people living in the home to use the 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 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 provider should submit an action plan to the Care Inspectorate detailing the plans to improve access to the lift to promote independence of movement for people using the service.

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

'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 individuals personal plans should reflect how effective the planned care has been in promoting positive choices, experiences and quality of life .

There was information within personal plans reflecting what was important to the person. However, the choices and preferences of individuals were not being used to inform the planning of care. The plans did not fully detail the knowledge staff demonstrated about the people they were supporting.

Personal plans were generally completed and contained assessments of risk. However, the outcomes of risk assessments were not being used to inform the management of specific risks.

The information to provide guidance for staff was standard and brief. We saw little evidence of agreed approaches to directing the management of aspects of assessed need such as the management of stress and distress.

The language used in personal plans was clinical and did not reflect a responsive, person centred approach to care and support. There was little detail about how individuals spent their day or their mood. Records tended to be functional and impersonal.

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. This would help strengthen a consistent approach to care and support.

This approach to personal planning resulted in documents which did not provide guidance for staff to ensure consistent and effective management of individuals care and support needs.

See Requirement 1.

Requirements

1. In order to ensure that all records about resident's care and support set out how the health, welfare and safety needs of the individual are to be managed and met the provider must ensure the following by 31 December 2019.

- personal plans and care records are accurate, sufficiently detailed and reflect the care planned or provided
- outcome of risk assessments are used to effectively inform the management of risks
- evaluations are outcome focussed and reflect how effective the planned care had been in promoting positive choices
- personal plans are developed in consultation with the individual and their representative reflecting choices and preferences of the person
- provide training so that staff are aware of their responsibility in maintaining accurate records, retaining records and following best practice guidance.

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),

and in order to comply with Regulation 5(1) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

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 continue to review and develop the management of mealtimes to ensure that residents are supported to enjoy their meals in a relaxed atmosphere, respecting their choices and preferences.

This area for improvement was made on 9 January 2019.

Action taken since then

There had been improvement with the management of mealtimes in the large dining room. The atmosphere was relaxed and sociable. People were able to enjoy their meals at their own pace.

There was a lack of consistency in the management of mealtimes in the smaller upstairs dining rooms. There were some areas for improvement needed to ensure that the smaller upstairs dining experience was a well organised and relaxed as the larger dining room.

There were plans to continue to develop mealtime management in the smaller dining room.

We will monitor progress with this at the next inspection.

Previous area for improvement 2

To ensure that medication is managed safely and effectively, the provider should improve the records of medication administration in line with best practice guidance. This includes, but is not restricted to, the management of medication prescribed 'as required'.

This area for improvement was made on 9 January 2019.

Action taken since then

There was a continued need to improve the management of medication prescribed 'as required'.

This area for improvement will continue.

Previous area for improvement 3

To ensure that staff have the knowledge and skills to care and support people living with dementia, the provider should ensure that staff have access to the Promoting Excellence programme for dementia learning and development.

This area for improvement was made on 9 January 2019.

Action taken since then

The service had started the Promoting Excellence programme for dementia learning and development. Staff were progressing through the programme and we saw some improvement in staff practice, which benefited the care and support of people living with dementia.

Previous area for improvement 4

To develop the leadership skills of staff in supervisory positions, the provider should ensure that staff are trained, competent and skilled in the role that they undertake.

This area for improvement was made on 9 January 2019.

Action taken since then

The service had introduced a programme to support the development of new senior care workers.

There was a continued need to support the staff who were in existing supervisory posts to develop their skills and knowledge.

This area for improvement will continue.

Previous area for improvement 5

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 area for improvement was made on 9 January 2019.

Action taken since then

We were able to evidence that the care team were now registered with the SSSC on the correct part of the register.

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
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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