

Newark Care Home Care Home Service

Southfield Avenue
Port Glasgow
PA14 6PS

Telephone: 01475 705800

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Silverline Care Caledonia Limited

Service provider number:

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Service no:

CS2014326119

About the service

Newark Care Home is registered with the Care Inspectorate to provide a care home service to a maximum of 61 older people. The service has been registered since 2011 with the Care Inspectorate. There were 59 residents living in the care home at the time of the inspection.

The home is close to the town centre of Port Glasgow and is near to local shops and public transport. The accommodation is within a two-storey building of a modern style. Each person living there has their own bedroom and en-suite facilities. The home is split into four 'units' and each unit has its own living room, dining room and quiet lounge area. There is access to a safe, enclosed garden area.

Their philosophy of care is 'We respect each resident as an individual with different needs and preferences. Our philosophy of care and its delivery reflect this, enabling every resident to enjoy life to their fullest potential, living with peace of mind.'

What people told us

We spoke with 23 residents and four sets of relatives during the inspection. We spoke with people either individually or in small groups. The feedback we received was positive, on the whole.

Comments received from residents were as follows:

"I can't complain. It couldn't be better, quite happy. I get on well with the staff, they are all good."

"I'm happy here, it is good in every way. There are things on like trips. I don't like going out so much because I can't walk very well."

"I'm fine being here, really good. I like all the staff, they are very pleasant. I go shopping with staff."

"I am reasonable happy and like some of the staff."

"I thoroughly enjoyed my breakfast. I am very happy with the care staff."

"I sometimes think that staff are too busy to talk."

"The staff are good. I'm quite happy and the food is alright."

"Staff are great. They do my hair for me which I like."

"Staff are mainly good. I like staying here."

"I can't complain. Staff come if I buzz."

"I am quite happy at the moment, I get on well with the staff."

"I am very happy living here, the best thing is we are all friendly with each other. There are always things to do - upstairs and downstairs. The food and meals are good and staff are very friendly and kind."

Comments received from relatives were as follows:-

"We are made to feel welcome and get a cup of tea. This home is very nice compared to others we visited."

"We have had some concerns about clothes and not enough staff. However we are pleased overall with how staff are helping our 'relatives' health concerns."

"I have no problems with the care of my relative - he seems well looked after. I am concerned that he is bored as he does not join in. I have spoken to staff so hopefully this will get better."

"The door entry system takes too long to answer."

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?	4 - Good
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 found staff to be pleasant and friendly. Positive relationships between staff and residents were evident, as residents responded warmly to the gentle humour and lively conversations taking place. Staff offered assistance in a respectful way, ensuring that residents had their dignity preserved. To fully offer person centred care and support, staff should be less task orientated and take time with residents helping them to have a meaningful day.

Ensuring that residents enjoy meaningful activities and opportunities is important for their well-being. Remaining active and feeling part of their community can help residents to feel they have a purpose. The activity staff had good ideas and ensured that residents had the opportunity to participate in activities such as tea dances, quizzes, entertainment and visits from children. These were all enjoyed by the residents. All staff need to ensure that residents who are quieter or who are living with dementia get the same opportunities to participate in activities. The activity staff, with the help if care staff, hope to develop more innovative meaningful opportunities for residents in the future.

The dining experience was an important part of the day for residents. We observed the mealtimes throughout the day. We saw some residents enjoying their meals, supported by staff who offered gentle prompting in an unrushed manner. We also saw some mealtimes, particularly breakfast, that did not offer a pleasant experience for residents. They had to wait for their breakfast until staff were ready and at times staff did not respond to residents needs in a way which would promote enjoyment or healthy eating. The dining areas were not welcoming at all times. This was discussed with the management team who joined us for part of the dining experience. They gave assurances that improving the mealtime experience would be a priority so that residents could enjoy their meals at a time that suited them. This will be an area for improvement.

Staff were responsive to the health needs of residents, they were well trained and attentive to the health needs of residents. We sampled care plans and other records relating to the health and well being of residents including stress and distress, wound management and nutrition. Staff were supporting and caring for residents in a safe manner. Records were completed and we could see the assessed needs of residents. Staff would seek advice from external health professionals when required. We spoke with a visiting G.P. who advised that she was going to meet with the management team about how staff could use their G.P. practice more effectively, for the benefit of residents.

To assess the pain of residents, staff used the Abbey Pain Scale to ensure that they had an overview of the health and well-being of each resident. The recording of pain on the current paperwork was variable therefore it was difficult to get a comprehensive overview of how pain was managed for each resident. We found medication management and recording to be variable across the home. To protect residents and ensure they receive the medication prescribed for them, accountable and robust records, including the use of PRN (as required) medication should be kept. This will be an area for improvement.

Areas for improvement

1. Residents should be able to enjoy their meals at a time that suits them. The dining areas should be pleasant and welcoming for all meals. Staff should be aware of their responsibility to ensure that residents have a positive dining experience.

HSCS 1.35 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible.

2. To ensure safe care and practice, staff should record all medication and health needs, such as pain, in an accountable and robust manner. The need for PRN (as required) medication should be clearly recorded.

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

How good is our leadership?

4 - Good

Good progress was noted with the quality assurance processes in place to support safe practice and care for residents. The management team, with support from the external management team, had started to put structures in place, such as observations of staff practice and completion of regular audits. These systems supported staff to consider their practice and if it needed to be improved for the benefit of residents.

The home development plan written by the manager was an initial start on her view of where the care home was and where the management team wanted it to be. It was important that residents and relatives were part of this process, sharing their views and being involved in the future development of the service.

The provider used a system called 'Perfect Ward' to assess various areas within the home such as the quality of

care plans and medication administration. Whilst this system gave a good overview of the areas looked at, we asked the management team if this process asked the right questions to fully respond to the needs of residents. The management team agreed to review aspects of this system to ensure it was effective in gathering the information necessary for the well-being of residents.

We could see that the management team had a good overview of priorities and areas requiring improvement. They should continue with the quality assurance processes in place and co-ordinate them to evidence positive outcomes for residents. They should have a development plan in place that shows all the ideas and improvements in place and the progress noted. This will be an area for improvement.

Areas for improvement

1. The management team should continue to develop quality assurance systems and processes within the home. A development plan should be drawn up showing what the achievements and aspirations are and how these will support positive outcomes for residents.

HSCS 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes

How good is our staff team?

4 - Good

We found staff to be caring and they worked hard to ensure that residents were well cared for. Residents and relatives spoke warmly about the staff team describing them as 'lovely' and 'kind'. There was low staff turnover and infrequent use of agency staff. This meant that residents were cared for by staff who knew them well and they worked well together as a team.

During one of our SOFI (Short Observational Framework for Inspection) observations we saw that some staff were not attentive to those residents who were quieter or living with dementia. This meant that during that specific period of time staff did not interact positively with these residents and their experience was poor. We found some staff to be intuitive and good at spending meaningful time with residents. We found other staff who would benefit from further training and guidance on how important it is to not focus on the 'task and routine' of care but prioritise the residents and meaningful opportunities with them. This will be an area for improvement.

For the safe care of residents and to ensure the correct number of staff were on shift, the manager completed a regular dependency tool called Dependsys. This gave an overview of the needs of residents and guided managers on the numbers of staff it would take to meet those assessed needs. The management team will continue to review this tool to determine whether it gathers the information they need. The manager advised that further recruitment had taken place to ensure that there were the staff on duty as outlined by the dependency needs of residents.

Areas for improvement

1. Staff need to understand the importance of spending quality time with residents, including those living with dementia or who cannot ask for help, with less focus on the task of caring. The dependency tool should determine the number of staff required to meet the needs of residents and should be adhered to.

HSCS 3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty.

How good is our setting?

4 - Good

Residents lived in a care home that was clean and well maintained. They were encouraged to walk freely around the home as the doors to the units were open. This allowed residents to access other areas of the home independently, including the garden. This was good for the health and well-being of residents as they felt less restricted.

The Kings Fund Audit Tool, a good practice audit tool for services caring for residents living with dementia, had been completed in February 2019. The service had identified what it did well and what needed to improve to ensure that residents living with dementia got the best experience they could whilst living in the home.

We were assured that a programme of on going refurbishment was planned and we saw a copy of the priorities of the manager. For the well-being and comfort of residents the overall environment needed to be developed in line with good practice and individualised care.

We identified an issue with the buzzer call system during the inspection. This was dealt with promptly for the safety of residents. The manager and maintenance team will continue to review this equipment on a regular basis. The other records used to keep residents safe and well, and equipment used to support them, were accountable and completed to a good standard.

How well is our care and support planned?

4 - Good

The care home used an electronic care plan system called Nourish. We could see that needs of residents were assessed and recorded in a care plan. These plans did reflect each residents' preferences and wishes to a degree. Health needs were well documented ensuring that residents needs were evaluated on a regular basis. Staff knew the residents and their needs well but this was not followed through into a person centred care plan as they were mainly clinical in tone and content, therefore the opportunity to have the resident at the heart of the plan was lost.

The Perfect Ward system was used to audit care plans but many of the questions asked focussed on factual information relating to health needs, not questions relating to information about the interests and preferences of residents.

Staff should be aware of how they write in the daily notes and records kept for residents. The daily notes were clinical and generic and gave no insight into how someone had enjoyed their day. They did not reflect the warm, compassionate care we saw during the inspection. To support a more person centred approach in care plans staff needed to be confident to write about outcomes for residents not just 'settled day' or 'no new concerns'. This approach would have a positive impact on the monthly care plan evaluations and the formal reviews. This will be an area for improvement.

Where a resident was living with stress and distress, staff were able to tell us how they supported that resident. It was clear that staff knew residents well and interacted with them with kindness and compassion. However the care plans for residents living with stress and distress were not detailed enough. They tended to focus on the use of medication and did not explain what the distress looked like for each resident and what steps could be taken to alleviate that distress before medication was administered. For the mental health and wellbeing of residents, good robust care plans should be in place to support residents living with stress and distress. The management team agreed that this is an area for them to focus on.

Areas for improvement

1. The care plan records needed to improve. Care plans, daily notes and review minutes should be outcome focussed and written in a person centred manner, taking account of all the needs of residents, not just health concerns. Where a resident is living with stress and distress, a robust care plan should be in place to guide staff on how best to care for the resident.

HSCS 1.15 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.

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

Meaningful activity should be available for each resident and respond to their needs, wishes and choices. The home needs to review the activities provided for those residents cared for in their rooms or living with dementia to ensure that they have every opportunity to participate.

HSCS - 1.25 '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'.

This area for improvement was made on 16 November 2018.

Action taken since then

In discussion with the activity staff, it was evident that they had a good plan in place for meaningful activity and they had ideas on how to develop this. Staff would spend 1:1 time with residents in their rooms. Care staff needed to be an integral part of the developments. This area for improvement has been met.

Previous area for improvement 2

Staff need to ensure that record keeping in care records and medication protocols is accurate and meaningful to inform the on-going care needs of each resident. Staff must follow their professional codes of practice in these areas.

HSCS 1.23 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected'.

This area for improvement was made on 16 November 2018.

Action taken since then

We found that medication records and the assessment of pain records could be more accountable. Personal care records were better. There will be an area for improvement relating to medication record keeping.

Previous area for improvement 3

The quality assurance systems and processes needed to improve to ensure they gave the correct information required to improve staff practice and improve the resident experience within the home.

HSCS 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality

This area for improvement was made on 16 November 2018.

Action taken since then

We saw progress in this area however the development plan and systems in place to assure quality in the home needed to improve further to better evidence positive outcome for residents. This area for improvement will continue.

Previous area for improvement 4

Staff should be aware of their own practice and how to improve the experience for the residents they support. Their paperwork should be robust and accountable.

HSCS 3.14 '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.'

This area for improvement was made on 16 November 2018.

Action taken since then

Staff need to focus on the care of residents and spending meaningful time with them. There should be less time spent on the task and routine. This area for improvement will continue.

Previous area for improvement 5

Each resident should have a person centred care plan that fully reflects their needs, wishes and aspirations. The plan should be reviewed on a regular basis in consultation with residents and their relatives.

HSCS 1.15 'My personal plan (sometimes known as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.'

This area for improvement was made on 16 November 2018.

Action taken since then

Care plans still needed to improve, with the resident being at the heart of the plan. This area for improvement will continue.

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?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

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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