

# Inspection report

## Cardonald Care Home Care Home Service

663 Mosspark Drive  
Cardonald  
Glasgow G52 3AR

**Inspected by:** Gerry Tonner  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 5 January 2006

**Service Number**

CS2003010428

**Service name**

Cardonald Care Home

**Service address**

663 Mossbank Drive  
Cardonald  
Glasgow G52 3AR

**Provider Number**

SP2003002125

**Provider Name**

Four Seasons Health Care Limited

**Inspected By**

Gerry Tonner  
Care Commission Officer

**Inspection Type**

Announced

**Inspection Completed**

5 January 2006

**Period since last inspection**

18 August 2005

**Local Office Address**

Central West Region  
4th Floor  
1 Smithills Street  
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## **Introduction**

Cardonald Care Home is owned by Four Seasons Healthcare and is situated in the Southside of Glasgow. Cardonald Care Home is registered for a maximum of 35 Older People and adults with disabilities.

The Home is comprised of two levels with an enclosed garden to the rear of the property.

## **Basis of Report**

The report is based upon an Announced Standard Inspection which took place over two days and was carried out by one officer. Over the course of inspection the acting Manager, three nursing staff, one agency nurse and three care assistants were spoken with. Three staff files were examined. Records which included staff rotas were examined.

Four service user care plans and associated documents were inspected.

An environmental check was carried out on the building and maintenance records were examined.

The report takes account of Statutory Instrument 114 the Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002 and National Care Standards Care Homes for Older People Standards:- 1, 5, 6, 7 and 18.

## **Action taken on requirements in last Inspection Report**

Three requirements were made on the last inspection:-

Regulation 10 (2) (a) and (b) - Ensure that all necessary repair and maintenance of the passenger lift is carried out including replacement buttons with improved signage. From inspecting the maintenance records it is evident that repairs to the lift have not been completed and there has been very temporary signs used within the lift. This work therefore remains outstanding and is at odds with the content of the Home's Philosophy of Care. The requirement therefore has not been met and shall be repeated. This shall be reflected as Requirement 1.

Regulation 4 (1) (a) - Ensure that the Fire Assessment is updated and submit a programme for the installation of automatic door closures. Through inspection of the records and an environmental check it is evident that this requirement remains outstanding and shall be repeated. This shall be reflected as Requirement 2.

Regulation 4 (1) (a) - Ensure that, in future, investigations with staff regarding the welfare of residents adheres to the Four Seasons Healthcare's Whistleblowing Policy. There have been no further incidents with regards the above and it is felt that this requirement has been met.

## **Comments on Self-Evaluation**

The self-evaluation identified both areas of developments and areas of strengths.

## **View of Service Users**

Four service users were interviewed. There were a number of positive comments made relating to staff:- "staff are first class"; "staff are good" and "staff have a good sense of humour".

Another comment indicated that there were not many social activities that were of interest.

**View of Carers**

There were a number of relatives visiting over the course of the inspection. Two agreed to speak with the officer and the following comments were made:- "I feel that my son has settled into Cardonald Care Home"; "I don't know who the named nurse or keyworker is"; "I do not think that there has been a review of the care plan since admission". Another comment received indicated that there is a very good group of staff.

## **Regulations / Principles**

### **National Care Standards**

#### **National Care Standard Number 1: Care Homes for Older People - Informing and Deciding**

##### **Strengths**

There is an information pack made available to service users and potential users of the service. The information pack includes details of the Home's philosophy of care. Care Commission inspection reports are issued to service users and other interested parties.

##### **Areas for Development**

There is a need to develop information with regards the number of places provided, arrangements that would be put in place if private funding runs out, a statement of rights and responsibilities and arrangements that would be put in place if the care home closes or if there is a new owner. This shall be reflected as Recommendation 1.

#### **National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements**

##### **Strengths**

There is a comprehensive range of policies and procedures in place with an in-built system that staff sign off that they read these through the process of induction. Core training is carried out with the staff group which includes moving and handling and fire safety. Through checking records associated with nursing staff it is evident that PIN numbers are all up to date for the current staff.

There is a Vulnerable Adults Policy in place.

##### **Areas for Development**

Through sampling accident and incident records there is a need to ensure that sufficient information is recorded with clear outcomes detailed.

There are gaps noted in the process of fit person checks carried out by the organisation eg., employment of staff with one written reference and delay in obtaining Enhanced Disclosure. This requires to be monitored.

There are plans to re-activate the programme of SVQ training for staff as there are currently only two members of staff who have obtained Level III and two who are undertaking Level III. An annual training plan is being developed and SVQ training should be included within the same. This shall be reflected as Recommendation 2.

Through interviewing staff there was a mixed response in relation to understanding and awareness of the Home's policies and procedures and further work is required to facilitate how staff can apply the same.

Supervision sessions have not been occurring. However, there are dates planned for the same.

There is a need to replace the digital thermometer in the fridge kept for medicines.

### **National Care Standard Number 6: Care Homes for Older People - Support Arrangements**

#### **Strengths**

There were some good pieces of information recorded within service users' personal plans, specifically in relation to preferences and dislikes held within the social history section. There was supporting evidence that relatives are invited to attend reviews.

There was evidence that assessment is carried out prior to the use of bedrails with service users.

#### **Areas for Development**

There is a need to develop improved "linkage" between individual resident's preferences and the selection of activities offered. It is recognised that there are plans to engage care assistants directly in the delivery of activities to meet the social and recreational needs of service users. Consideration should be given in relation to increasing the range of activities offered. There are plans for the activities organiser to spend some time with a colleague in another home.

Through sampling Care Plans it is evident that reviews are not been carried out by the maximum 6 monthly interval. This shall be reflected as Requirement 3.

### **National Care Standard Number 7: Care Homes for Older People - Moving In**

#### **Strengths**

There are named nurses and keyworkers in place.

Trial periods are made available to service users.

#### **Areas for Development**

There is a need to update the information passed to residents with regards their named nurse and keyworker.

### **National Care Standard Number 18: Care Homes for Older People - Staying in Touch**

#### **Strengths**

There was supporting evidence that referrals are made to Speech and Language Therapists particularly for the assessment of swallowing difficulties.

Service users are supported to attend appointments at hospital and clinics.

### **Areas for Development**

There is a need to review service users with communication difficulties and consider referral to Speech and Language Therapists for assessment of individuals. Further work should be carried out with family and carers to discover the best methods of communicating with individual service users.

## **Enforcement**

There has been no enforcement action taken by the Care Commission.

## **Other Information**

Through interviewing staff it was evident that there have been concerns with absences of colleagues and the number of additional hours that have been carried out by some staff in order to meet the needs of residents. Information shared by staff indicated that there was a need to organise staff rotas more. Inspection of the staff rotas highlighted that there are occasions when the staffing schedule and skill mix of staff are not being adhered to. This requires to be resolved by the Manager.

It was noted over the course of the inspection there was a significant number of adults with physical disabilities who reside within the care home and further work is required to be carried out by the Manager to ensure appropriateness of placement with ongoing discussion with the Care Commission.

Through the process of carrying out an environmental inspection of the premises it was evident that there is a need to carry out an urgent repair to the door of the toilet positioned next to the upstairs lounge in order to maintain the privacy and dignity of service users. This will be incorporated into Requirement 1.

There is also a need to develop a clear plan of refurbishment and redecoration to some of the bathrooms, corridors and communal lounges.

The level of noise created by the call system installed can cause residents to be disturbed – consideration should be given as to how this can be minimised.

The practice associated with handover sessions should be reviewed in terms of maintaining confidentiality and there is a need to ensure that adequate induction and orientation is carried out with agency staff.

## **Requirements**

For adherence to Statutory Instrument 114 the Regulation of Care (Requirements as to Care Services) (Scotland) 2002 Regulations the following requirements are made:-

Requirement 1:- Regulation 10 (2) (a) and (b) - Ensure that all necessary repair and maintenance of the passenger lift is carried out including replacement buttons with improved signage (Timescale: 2 months from receipt of inspection report). Carry out an urgent repair to the door of the toilet positioned next to the upstairs lounge in order to maintain the privacy and dignity of service users (Timescale: with immediate effect).

Requirement 2:- Regulation 4 (1) (a) - Ensure that the Fire Assessment is updated and submit a programme for the installation of automatic door closures (Timescale: 1 month from receipt of inspection report).

Requirement 3:- Regulation 5 (2) (b) (ii) - Ensure that personal plans are reviewed at least once in every six month period.

## **Recommendations**

For adherence to National Care Standards Care Homes for Older People the following recommendations are made:-

Recommendation 1:- Standard 1.1 - Development of information with regards the number of



places provided, arrangements that would be put in place if private funding runs out, a statement of rights and responsibilities and arrangements that would be put in place if the care home closes or if there is a new owner.

Recommendation 2:- Standard 5.8 - Develop a plan to ensure the number of staff with SVQ qualifications meet the levels as indicated by SSSC.

Recommendation 3:- Standard 18.1 and 18.4 - Ensure that residents with communication difficulties are appropriately assessed and involve families/carers to facilitate communication.

**Gerry Tonner**  
**Care Commission Officer**