

Caledonia Care Home Care Home Service

7 Sidney Street
Saltcoats
KA21 5DB

Telephone: 01294 469045

Type of inspection:

Unannounced

Completed on:

17 August 2018

Service provided by:

H & H Care Homes Limited

Service provider number:

SP2010010960

Service no:

CS2010250664

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

Caledonia Care Home is owned by H & H Care Homes Limited and is registered to provide a care service to a maximum of 90 older people (frail elderly and people with dementia). The service may provide respite for up to two people at any one time in any 15 bedded unit.

The service is located in Saltcoats, North Ayrshire, close to local amenities and transport links.

The home extends over two floors, accessible by passenger lift, and comprises of six separate 15 bedded units. Each of the units has its own open plan sitting room/dining area with a pantry where hot drinks and snacks can be prepared. There are other alternative sitting areas in each unit. Two areas have been established as a 'tearoom' and a 'pub' for service users and visitors to enjoy. There are appropriate assisted bathing and shower facilities. The home has a secure garden with sitting areas located in raised decking which is accessible from various parts of the care home.

What people told us

We were assisted by an inspection volunteer. Inspection volunteers are members of the public who use a care service, have used a care service in the past or care for someone such as a family member or friend. They help us to get the views of people using the care service.

Alongside the inspection volunteer we spoke with 12 residents and 20 relatives/friends during the inspection. Residents expressed very positive views about the quality of the service provided. They were very happy with their own rooms and how they were encouraged to personalise it to their taste. They were satisfied with the laundry service, the quality of food and the high standards of cleanliness maintained throughout the building. They told us that staff who provided support were kind and caring and that staff were attentive and always noticed if they were 'not themselves'. From these discussions we could see that there were a variety of activities available to people living in the service which included small group outings or one to one outings for shopping or just a stroll along the shore front. They enjoyed the regular musical entertainers who visited the service and one resident told us about going to see the new Mamma Mia movie with a group of other residents which she said she loved.

One new resident told us 'I feel well, the best I have felt in a long time'.

Another resident said. 'This place is great I should have been here a while ago'.

Relatives and friends of residents were also very positive about the care their loved ones received. A number of the relatives spoke about the support they received from the management team and staff. They told us that staff took an interest in them.

Other comments from relatives included;

'This is excellent standards of care, very consistent. I never have to worry'.

'I find it very comforting that she is being very well looked after'.

'This is a fabulous care home'.

We asked the provider to distribute questionnaires on our behalf to residents and their relatives/carers. The comments made in the questionnaires returned to the Care Inspectorate reflected very positive comments we received during the inspection.

We also observed staff practice and interactions with residents throughout the inspection. To assist us in this, we used a Short Observational Framework for Inspections Tool. (SOFI2). This allows us to summarise the type of interactions we observe between staff and residents. We have included our observations in the body of this report.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | not assessed |
| How good is our staffing? | not assessed |
| How good is our setting? | not assessed |
| 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?

5 - Very Good

Our observations throughout the inspection found staff interactions with residents to be positive. We observed care being delivered in a discreet and dignified way and people being treated with warmth, genuine compassion and respect. Staff acknowledged residents views and comments and enabled them to communicate their wishes and views in a relaxed pace. We saw examples of residents achievements being celebrated and staff were sensitive to the need to include some residents in activities or discussions who tended to be quieter and less involved. However, we did see a need for further improvement at busy times, such as during a meal service where staff became more task focused. For example, we saw a small number of instances where staff did not notice when residents were trying to catch their attention, or where residents food and drink choices and preferences were not confirmed with them before being served.

We also saw that individuals right to privacy was imbedded in practice by the way that staff respected individuals personal belongings, personal space and how any personal information was held and communicated.

Residents told us that they were well cared for 'I am very happy here and have all I need'. They had great confidence in staff to keep them safe 'I was very anxious before I came to live here, now I feel safe and very comfortable'. One resident told us that she does have some 'down days' but staff are very aware of this and recognise when she is not having a good day and will make sure they spend extra time with her. Relatives and friends visiting the service told us they were made welcome and that staff always made a point of speaking to them. One relative told us. 'I have so much to be grateful to the staff for, the love and care they provide gives me such peace of mind'. Another relative spoke about her gratitude to managers and staff for the support the family received'.

We saw that residents had the opportunity to keep in contact with family and friends, maintain links with their local community and continue to pursue interests which were important for their overall wellbeing. Residents were supported to attend their own place of worship, their usual hairdresser in the local town or do their own personal shopping. Residents told us about a recent trip out for a meal and then onto the cinema. Others told us about going out for a bar meal 'from time to time'. Residents enjoyed visits from regular entertainers and had the opportunity to participate in a range of in-house activities organised by activity staff. The care home's Waverly Tea Room was used by residents and visitors to have afternoon tea. They also had the opportunity to have refreshments in the Goat Fell Tavern which had also been established on the premises. Links had been made with other care homes in the area. Residents told us they enjoyed the hospitality and the entertainment on these visits. There were mutually beneficial intergenerational activities with children from the local nursery and school.

People living in Caledonia Care Home could be confident that the care and support they received benefited their health and wellbeing. Staff were knowledgeable about the care needs, choices and wishes of residents. Staff were able to recognise any deterioration in individual's health and presentation and take the appropriate action. External health care professionals were involved, where required, which helped people to stay as well as they could. Peoples' assessed health care needs were met. In particular, we saw how well nurses, care staff and kitchen staff worked together to achieve good outcomes for individuals with compromised nutrition by increasing and maintaining weights.

We noted from records that the number of falls resulting in fractures had reduced since the last inspection. There were opportunities for some residents to participate in exercise sessions on a weekly basis, provided by a local health and fitness charity. This promoted improvements in balance, strength and movement. The service should consider how the opportunity for physical movement can become part of the daily activity programme for more people. We saw that one resident, who was assessed as a very high risk of falls, was being monitored by staff on a one to one basis. This had been successful in maintaining the resident's safety however, it was unlikely that this level of support could continue to be resourced by the provider on a long term basis and consultations were underway with the local health and social care partnership for advice and support.

The service had introduced an electronic medication management system which supported good medication practices and ensured that individuals received medication as prescribed in accordance with their own preferences and routines.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**4 - Good**

Residents benefited from assessments carried out by competent and suitably qualified staff. The assessments tools used to support the care planning process, particularly in relation to individuals' dietary and skin care needs were based in current good practice. Although the service used the multi-factorial falls risk assessment from the Managing Falls and Fractures resource, and there had been a reduction in falls and fractures since the last inspection, the service should make more use of this resource to support the care planning process and to establish a strategy to manage and further reduce falls and fractures in the service.

Care plans outlined individuals' needs and provided direction to staff on how these needs should be met. All staff involved in delivering care had access to care plans and could contribute to the care planning process. Daily notes were maintained by care staff and nursing staff and we saw that residents and or their relatives participated the assessment and care planning process and were involved in discussions when care plans were updated. However, there were a small number of instances where the quality of information in care plans could have been better in order to reflect the individuals current presentation and changes to care arrangements. We have repeated an area for improvement made in the last inspection report relating to care planning. (Area for improvement 1)

Although we could see that there was a full programme of activities, we felt that records could be improved to evidence that activities were clearly linked to individuals' preferences and agreed outcomes stated in care plans. This should include how people living with dementia had the opportunity to be involved in activities which were meaningful to them. We have repeated an area for improvement made in the last inspection report relating to activity records. (Area for improvement 2)

We also suggested that the current model of care planning could be reviewed to more clearly reflect personal outcomes and how these outcomes were evaluated. We were informed by the management team that the service would be introducing, in the very near future, an electronic care planning system, based on a personal outcomes model.

Areas for improvement

1. The provider should make better use of the Managing Falls and Fractures in Care Homes for Older People Good Practice Resource to support the care planning process and establish a strategy in managing and reducing falls in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

2. The provider should improve the quality of information in care reviews and records supporting the care planning process to be more person specific and outcome focused.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes (HSCS 1.15) and - I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27)

3. The provider should evidence in the records of activities clear links to individuals' interests and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 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)

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 improve the quality of information in care reviews and records supporting the care planning process to be more person specific and outcome focused.

Health and Social Care Standards: 1.15 - My personal plan (sometimes referred to 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 and 4.27 - I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 21 November 2017.

Action taken since then

We continued to see a small number of instances where the quality of information in care plans could have been better in order to reflect the individuals current presentation and changes to care arrangements. Although the care plan model currently used by the service could reflect individuals assessed needs and gave direction to staff, they did not reflect personal outcomes for people and how these outcomes were evaluated.

We were informed that the service would be introducing an electronic care planning system, based on a personal outcomes model. We look forward to seeing how this is progressed at the next inspection and have repeated this area for improvement.

Previous area for improvement 2

3. The provider should evidence in the records of activities clear links to individuals' interests and preferences.

Health and Social Care Standards: 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 21 November 2017.

Action taken since then

Although we could see that there was a full programme of activities, we continued to see a lack of evidence that activities offered by the service were clearly linked to individuals' preferences and agreed outcomes stated in care plans. This should include how people living with dementia had the opportunity to be involved in activities which were meaningful to them. We have repeated this areas for improvement.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |
| 1.2 People get the most out of life | 5 - Very Good |
| 1.3 People's health benefits from their care and support | 5 - Very 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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