

Argyll House Nursing Home Care Home Service

69 North Hamilton Street
Kilmarnock
KA1 2QJ

Telephone: 01563 520 864

Type of inspection:

Unannounced

Completed on:

14 August 2019

Service provided by:

Mansfield Care Limited

Service provider number:

SP2005007720

Service no:

CS2007164138

About the service

Argyll House is registered to provide a care home service to 32 older people, some of whom may have dementia. Respite care can also be provided for the same client group. The service was previously registered with the Care Commission, transferring its registration to the Care Inspectorate on 1 April 2011.

The service provider is Mansfield Care Limited.

Argyll House is situated close to the main town centre of Kilmarnock, East Ayrshire. The home has good access to local shops and amenities, including train and bus routes.

The home comprises of a converted villa, with purpose-built extension. Accommodation is spread across three floors which can be accessed by a passenger lift or stairs. Most rooms benefit from en-suite toilet and bathing facilities (21 rooms), with one room having en-suite toilet facilities. The rest of the bedrooms have neither en-suite toilet or bathing facilities; however, shared bathroom facilities are available throughout the home. Although we did not assess the environment during this inspection, we have suggested the service develop a 3-year plan to address the issue of private toilet facilities within bedrooms.

There are three communal lounges and one communal dining room within the home. The home benefits from an enclosed garden at the rear of the property. We found this to be well maintained with areas of interest for those who live in the home to engage with. Between the last inspection and this, the home had undergone some redecoration which was found to be a positive addition.

The service states its aims as:

'To promote the wellbeing of the residents by providing personalised nursing care, practical support and social activities aimed at helping them to lead as full a life as possible.'

What people told us

We gained the views of people who live in, and visit the service through returned Care Standards Questionnaires, and face-to-face discussions.

An inspection volunteer supported this inspection to help gain the views of those who use the service. Inspection volunteers are individuals who have first hand experience of care services. They spend time talking with those who live in the home, their relatives/friends, and provide information that supports feedback to the service.

The feedback we received was as follows:

- "Couldn't have picked a better place"
- "I would give it 10 out of 10 for everything"
- "Staff are all friendly and nice"
- "Sometimes they give me my lunch - they set up a table for us"
- "They pick up on medical things quickly and refer [Service User] to the GP"
- "I think they're brilliant"
- "Normally the lounge is very busy"
- "They need more staff at times"
- "Sometimes it seems a bit short staffed"

- "Sometimes there are smells from the bins in toilets and sluice"
- "[Service User] on a soft diet, and the food is terrible"
- "Staff have been good at keeping me informed of any issues"
- "[Service User] has been offered to go on outings"
- "The staff know all the residents and appear to know their needs"
- "The food is fine"

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?	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?

4 - Good

People who use care services should feel confident they will be supported with compassion, dignity and respect. To help us assess how well the service was performing we spent time talking with those who live in and visit the service, as well as carrying out observations using the 'Short Observational Framework for Inspectors' (SOFI). It was positive to hear that some felt their experience was good. We were told "I couldn't have picked a better place"; "Staff are all friendly and nice"; and "I would give it 10 out of 10 for everything". From our observations we saw staff supporting people with warmth. However, this was not the experience for all, with some telling us how they felt staff were not always responsive to individuals care needs, particularly in respect of continence care. Moreover, that these concerns had been raised to the management team, with no resolution (Area for Improvement 1).

Individuals should be encouraged and supported to get the most out of life through meaningful interactions and activities. It was positive to hear about the work the service was doing linked to the Care Inspectorate 'Care About Physical Activity' (CAPA) programme. Furthermore, that close links have been developed between the home and local nursery to support inter-generational activities. However, from our SOFI observations we saw extended period where individuals were not engaged in activity, particularly those with more complex needs. Where individuals are not supported to maintain activity, there is an increased risk of withdrawal and social isolation (Area for Improvement 2).

People who experience care should be confident their health will benefit from their care and support. Those who live in Argyll House benefited from staff working well together, in a solution-focused way to address where needs in health had changed. Furthermore, we saw that referrals were made to G.P's in a timely way where deterioration/changes had been noted.

A fundamental right for all people using care services is that they can maintain control over their care and support. We found the service encouraged some individuals to make decisions; however, saw this was limited for those with more complex needs particularly regarding meal choices. We saw meal choices were requested an hour before the meal was provided, and for individuals living with dementia this can limit their decision-making ability (Area for Improvement 3).

To help ensure that care and support is safe and effective, some individuals may require to have on-going daily monitoring of their health linked to set interventions within their plan of care. This allows the service to gather information over time which enables them to make evaluations, linked to need. Examples of this include food and fluid intake charts for individuals who are nutritionally vulnerable. On review of the information contained within daily recordings used by the service, we found that these often contained gaps in information, meaning we could not be sure that individuals were receiving care and support to maximise their health (Area for Improvement 4).

Areas for improvement

1. To ensure service users and their representatives are listened to and concerns acted upon, the service provider should ensure that all concerns raised are dealt with in a responsive manner, with recorded evidence being maintained regarding the complaint, process of investigation and outcome.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

2. To support better outcomes for service users linked to choices and preferences, the service provider should enhance the provision of activities throughout the home. This should include, but is not limited to:

- equitable access for all those who live in Argyll House
- all staff having responsibility for activity provision
- activities linked to individuals preferences, which provide stimulation and validation
- measurement of the efficacy of activities offered

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can chose 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); and 'I can take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21); and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

3. To ensure peoples rights are respected the service provider should make sure service users are supported and empowered to make choices and decisions; with all required information being made available to the service user. This should include, but is not limited to, choices regarding diet and fluid.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33); and 'My meals and snacks meet my cultural and dietary needs, beliefs and

preferences' (HSCS 1.37); and 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

4. To ensure that care and support is safe and effective, the service provider should make sure that all documentation required for the on-going monitoring of service users health and wellbeing is completed consistently, and to a good standard.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or interventions that I experience is safe and effective' (HSCS 1.24).

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

All individuals who use care services should have a developed plan of care (sometimes referred to as a support plan) which outlines needs, choices and preferences. Plans of care should support enhanced outcomes for individuals who use care services, as they provide staff with the required information to support people in a meaningful, person-centred and outcome-focused way.

It was good to see that the service had placed an emphasis on life story work and incorporated this into support plans. This will enable the service to plan and provide care which is linked to individuals' preferences and choices. Moreover, will support meaningful activity and interaction based on hobbies, interests and social/occupational roles.

An area for improvement was set at the last inspection highlighting the need to develop plans of care. Although positive developments were noted within these, during this inspection we found evidence of assessments being incorrectly completed, which may result in delayed referrals to external healthcare professionals. Where risks had been identified, we did not always see a developed plan of care to address these was in place, which could result in inconsistent approaches to care and support. Where care plans were in place not all interventions were specific or measurable, limiting person-centeredness and evaluation of how effective these are for meeting individuals desired outcomes. This area for improvement continues at this inspection (Area for Improvement 1).

People who experience care should be involved in the development and reviewing of their personal plan to ensure it sets out how needs will be met linked to their choices and preferences. Of the care reviews we assessed during this inspection we found these did not fully capture the discussions taking place between the service and the person/their representative. Moreover, they did not assess progress being made towards achieving outcomes, or detail the specific actions required to meet new outcomes set (Area for Improvement 2).

It is important that people experiencing care have their future care needs anticipated as part of their assessment. During this inspection we saw that the service had not yet fully implemented 'Anticipatory Care Plans' (ACP) for individuals living within the home. When this information is not clearly documented there is a risk that care and support will not be delivered in-line with individuals wishes and preferences (Area for Improvement 3).

Areas for improvement

1. To ensure that care and support is safe, effective and provided in a consistent way the service provider should make sure all service users have correctly completed risk assessments, and where these indicate need, this should be underpinned by specific, measurable, achievable, realistic and timeframed interventions which have their efficacy measured through evaluation as required.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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' (HSCS 1.15).

2. To ensure that care and support is provided in an outcome-focused way, linked to service users choices, preferences and needs, the service provider should enhance the content and quality of care reviews which should include, but is not limited to:

- progress towards meeting outcomes
- where outcomes have not been achieved, SMART action planning to address changes in care provision

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17)

3. To ensure that service users future care needs are anticipated and wishes respected the service provider should put in place and implement 'Anticipatory Care Plans' for all service users as part of the initial and ongoing care planning process.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); and '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' (HSCS 1.15).

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 promote and develop the role of keyworker within the service to develop staff understanding and improve identification of outcomes for residents.

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).

This area for improvement was made on 3 September 2018.

Action taken since then

The service have developed policies which detail they do not use a keyworker system within their services. During this inspection the service highlighted that they have implemented a 'whole home' approach to supporting individuals needs, choices and preferences. Through discussion with those who use the service, and from our own observations we could see that staff had a very good knowledge of individuals needs, choices. We were assured through this inspection that people were having their needs met in meaningful ways.

This areas for improvement is - Met.

Previous area for improvement 2

Supervision should be provided on a regular basis with the emphasis on reflection of practice to support development of each individual staff member in delivering care and support for residents.

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).

This area for improvement was made on 3 September 2018.

Action taken since then

During this inspection we saw evidence of all staff having completed supervision in line with the services 3-monthly process. A tracker was in place for this which outlined the next date, and countdown for this. Supervisions contained a good standard of information pertaining to staff current practice. We saw some evidence of reflection which could be better at exploring how staff are linking practice to outcomes for individuals. This will also support for Post Registration Training and Learning requirements within the staffs regulating body.

This area for improvement is - Met.

Previous area for improvement 3

The manager should continue to progress the use of life story information to be reflected in how care and support is planned for individual residents. This would promote staff understanding, and enable residents to be engaged in meaningful activities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9).

This area for improvement was made on 3 September 2018.

Action taken since then

The service had been working hard to ensure that life story information was captured for all individuals who live in the home. This was progressing well, with good examples of individuals having well developed and holistic information within personal plans. It was positive to see that information gained through life story information underpinned plans of care; allowing care and support to be meaningful and validating, linked to preferences and choices.

This area for improvement is - Met.

Previous area for improvement 4

The management should continue to review the management of medication including using best practice guidance with specific reference to recording, monitoring and use of as required medication protocols.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This area for improvement was made on 3 September 2018.

Action taken since then

During this inspection we saw that discretionary protocols required development to be more person-specific (detailing the specific indicators for administration). We saw good evidence of positive discretionary medication recording, with staff using carer notes to indicate when used, reason and outcome. All other medication recordings are appropriate.

This area for improvement is - Met.

Previous area for improvement 5

Development and use of good practice tools and regular review of risk assessments could be used to support positive outcomes and enhance the wellbeing of residents.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24); and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This area for improvement was made on 3 September 2018.

Action taken since then

Risk assessments are routinely used and the service have implemented service user specific assessments linked to needs; however, on review these are not always completed correctly meaning we could not be assured that individuals wellbeing was being appropriately or correctly managed, or that individuals were being referred to external professionals to support enhanced outcomes in a timeous manner. Furthermore it was evident from review of care records that risk assessments in relation to restrictions to movement through restraint were not adequately completed.

This area for improvement is - Not Met - incorporated into Area for Improvement 1, Key Question 5.

Previous area for improvement 6

The manager should promote a more outcome focused plan that should be reflective of the person receiving the support. This should include identification of individual outcomes and goal planning as well as support required to work towards achieving these. This would enhance the quality of support, encourage choice and provide a consistent approach to support provision for each resident.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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' (HSCS 1.15).

This area for improvement was made on 3 September 2018.

Action taken since then

Support plans were developing well and highlighted a person-centered outcome-focused approach. Outcomes were identified where needs had been assessed, allowing care and support to be meaningful and linked to individuals' preferences and choices. It was positive to see the service was requesting information pertaining to individuals' ambitions, and how these could be achieved. It will be good to see how this continues to inform care planning at the next inspection.

This area for improvement is - Met.

Previous area for improvement 7

Appropriate use of the quality assurance systems and processes would identify areas which should be included in improving the care planning process and improve outcomes for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 3 September 2018.

Action taken since then

There was a range of audits being completed by the service. The audits provide a good level of insight to the working practices of the home, and identified areas where improvements were required. However, the ability to improve may be hampered by the lack of SMART (Specific, Measurable, Achievable, Realistic, Timeframed) action planning to address areas. The service should review their quality assurance system to ensure that this provides a consistent approach to audits completed, with specific and measurable actions being taken to address where deficit exist. There was no evidence within the quality assurance folder provided that care plans were being audited; however, we accept that this may be in review due to changes with care plan formatting.

This area for improvement is - Not Met.

Previous area for improvement 8

Care plans should be more reflective of resident current needs and reflect use of information from evaluation of appropriate assessment tools, written in a more outcome focussed manner.

National Care Standards, Care homes for older people - Standard 6: Support arrangements.

This area for improvement was made on 21 September 2016.

Action taken since then

The service was completing a range of assessments to highlight needs of those who live in the service. We found that where individuals had identified needs, these were not always supported by plans of care which detailed the specific interventions which should be taken by staff, linked to individuals choices and preferences.

This area for improvement is - Not Met - incorporated into Area for Improvement 1, Key Question 5.

Previous area for improvement 9

The management should continue to review the management of medication including review of policy in accordance with legislative requirements and best practice guidance with specific reference to recording of, and actions taken in response to temperature checks.

National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements and Standard 6: Keeping well - Medication.

This area for improvement was made on 25 October 2017.

Action taken since then

On the whole medications were being well managed, indicating appropriate policy guidance and compliance. Temperature checks were being completed twice daily, and where deviations had occurred there was clear evidence of actions taken to negate. An air cooler had been purchased for the room containing medications, helping to regulate better in line with medications manufacturers guidance.

This area for improvement is - Met.

Previous area for improvement 10

The provider should promote and develop the role of keyworker within the service and ensure that staff have adequate time to undertake this role.

National Care Standards, Care homes for older people - Standard 7: Moving in and Standard 11: Expressing your views.

This area for improvement was made on 15 September 2014.

Action taken since then

The service had developed policies which detail they do not use a keyworker system within their services.

During this inspection the service highlighted that they have implemented a 'whole home' approach to supporting individuals needs, choices and preferences. Through discussion with those who use the service, and from our own observations we could see that staff had a very good knowledge of individuals needs, choices. We were assured through this inspection that people were having their needs met in meaningful ways.

This area for improvement is - Met.

Previous area for improvement 11

Information obtained through life story work should be reflected in how care and support is planned for individual residents.

National Care Standards, Care homes for older people - Standard 6: Support arrangements.

This area for improvement was made on 21 September 2016.

Action taken since then

The service had been working hard to ensure that life story information was captured for all individuals who live in the home. This was progressing well, with good examples of individuals having well developed and holistic information within personal plans. It was positive to see that information gained through life story information underpinned plans of care; allowing care and support to be meaningful and validating, linked to preferences and choices.

This area for improvement is - Met.

Previous area for improvement 12

Use of The King's Fund Environmental Tool and understanding and application of Mental Welfare Commission Guidance should be used to review the environment, including locked doors around the building with any risk assessments clearly outlining risks and remedial actions taken to minimise risks.

National Care Standards, Care homes for older people - Standard 4: Your environment and Standard 17: Daily life.

This area for improvement was made on 21 September 2016.

Action taken since then

It was positive to see the service had engaged with the Kings Fund Environmental Audit, however there was limited evidence within the home that this had elicited in any positive changes. It would be good to see a developed action plan which outlines a responsive approach to environmental enhancements. This could be further enhanced by supporting the development of a Dementia Ambassador within the home, who would be able to access best-practice guidance along with networking through the DA network. From our own assessment of the environment there are opportunities to enhance this, ensuring it meets the needs of those who live in the home.

This area for improvement is - Not Met

Previous area for improvement 13

Risk assessments should be reviewed and updated for the environment timeously.

National Care Standards, Care homes for older people - Standard 4: Your environment.

This area for improvement was made on 21 September 2016.

Action taken since then

We did not see any evidence of environmental hazards, such as worn carpets throughout the service. The home continues to work through a refurbishment plan, which has supported better environments both in communal and private spaces.

This area for improvement is - Met.

Previous area for improvement 14

Personalised risk assessments should be conducted and reviewed to support residents to be involved in the internal and external communities. This should include personal emergency evacuation plans which should detail the level of assistance required.

National Care Standards, Care homes for older people - Standard 4: Your environment and Standard 6: Support arrangements

This area for improvement was made on 21 September 2016.

Action taken since then

We saw that PEEPS were in place for all individuals. These clearly detailed how individuals should be supported in the event of an emergency. Moreover, these highlighted factors which should be considered outside of physical support (psychosocial support), such as increased stress and distress. These clearly outlined what equipment should be used to reduce risk to the lowest practicable levels.

This area for improvement is - Met.

Previous area for improvement 15

Use of supervision should be inclusive of reflective practice to identify positive practice and training needs to improve the care and support of residents.

National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.

This area for improvement was made on 21 September 2016.

Action taken since then

We saw evidence of staff having completed supervision within a 3-monthly process. The service had a tracker in place for this which outlined the next date, and countdown for this (ensuring that no staff went beyond this timeframe). Supervisions contained a good standard of information pertaining to staff current practice. Evidence of reflection could be better to ensure staff are linking practice to outcomes for individuals. This will also support for post registration Training and Learning requirements. There is evidence of ongoing discussion of training needs, and set deadlines for compliance with this.

This area for improvement is - Met.

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 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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