

Brothers of Charity Services (Scotland) - Care Home Service Care Home Service

Garden Villa
Gattonside
Melrose
TD6 9NW

Telephone: 01896 823 616

Type of inspection:

Unannounced

Completed on:

2 March 2020

Service provided by:

Brothers of Charity Services (Scotland)

Service provider number:

SP2008010095

Service no:

CS2008186665

About the service

This service has been registered since 2009.

Garden Villa, located in Gattonside in the Scottish Borders, is registered to provide care for a maximum of seven adults with learning disabilities some of whom have sensory and physical impairments. Up to three residents may be receiving respite care. At the time of the inspection, there were six residents living in the home and one respite placement.

The main aim of the service is:

"To provide opportunities for individuals to experience a safe and fulfilling lifestyle, which maximises their health and wellbeing through skilled support"

What people told us

We received no feedback from service questionnaires, however we spent time with the people who use the service throughout our inspection. For those that were able we could conclude that people were happy with the service they received

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

3 - Adequate

There was evidence that the staff team were able to demonstrate dignity and respect in line with the principles of the Health and Social Care Standards. However, there were areas where care was delivered around routines and tasks with less emphasis on people's needs wishes and choices.

People were encouraged to maintain relationships in and outside the care home and we observed a staff team that was keen to involve people with making choices. However, this was only from observations and discussions we had with the staff team. To ensure that people are clearly being offered choice and support to maintain relationships and friendships the service needs to develop better record keeping systems to identify this. We will discuss this further in the report under "How well is our support planned"

Where people's choice and control were restricted, legal arrangements and appropriate supports were put in place. Restrictions were kept to a minimum and supported in a sensitive way.

People experienced activities that were at times limited and included more group or indoor activities. Nevertheless, the staff team did try to support people out into the community daily but this could be restricted due to availability of transport. To ensure people are enabled to get the most out of life with options to maintain, develop and explore their interests the service needs to think how they can develop this in the future. (see area for improvement 1)

Staff could demonstrate an understanding of their responsibilities to protect people from harm, neglect, abuse, bullying and exploitation. However, we observed evidence which would identify that not all staff were clear about identifying and reporting concerns about the safety and wellbeing of people. Appropriate assessments were not always being made which had the potential for harm to be ignored or not identified.

We observed that the supported people had appropriate access to healthcare professionals in the community. However, the documentation and record keeping did not reflect that health care needs were being reliably followed through. This could result in people experiencing reactive or disjointed care which can impact on people's health outcomes.

People's care and support had the potential to be compromised due to health assessments that were basic and not always reflective of evidence-based practice or did not involve the appropriate people.

The support which people received and how they spent their time had limited links to health promotion, which encouraged clear participation in how people's wishes, and choices were being supported. (see requirement 1)

The staff team worked hard to ensure people benefited from having a robust medication management system, which adhered to best practice guidance, with on-going reviews to ensure medication meets current needs which was relevant to each person.

Due to the complexity of some of the people there was limited opportunity for people to be central to the planning, budgeting, shopping and preparation of food as part of their daily life which can be used to build skills in daily life. We discussed this with the staff team and they told me that they had a meeting with the people in the service either on a Saturday or Sunday to discuss what they would like for the following week. The food was ordered by the night shift. The menu plan did not identify if a person's choice was being supported if they disliked what had been on the menu for that day. We would encourage the service to develop better methods to record how people's choices were being met.

Requirements

1. The provider must ensure that the health needs of people who use the service are regularly agreed, assessed and adequately met by **30 June 2020**.

In order to achieve this the provider must adhere to the following:

- Planned support is fully implemented when people have specific health needs including pain, lack of appetite, risk of dehydration, elimination and skin integrity.
- Demonstrate that risk screening tools like (MUST) & (Waterlow) are used to fully inform practice.
- Develop and implement clear treatment plans when people are identified at risk and need further observation and changes to their support plans.
- Demonstrate that all staff understand how to prevent and treat any risks identified and the appropriate management of these risks.
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided to minimise further risk to the people they support.

This is in order to comply with Health and Social Care Standards:

1.19: 'My care and support meets my needs and is right for me.'

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

Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 19(3)(j) of The Regulation of Care (Requirements

Areas for improvement

1. To ensure that people gain the most out of life the provider should develop opportunities for people they support by:

- Making proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are line with good practice.
- The provision of activities should be clearly recorded within the personal plan or activity planner which could include how the person enjoyed the activity and what involvement they contributed to the activity.
- Personal plans should include likes and dislikes and should reflect what activities they would like to continue to participate in.

This is in order to comply with Health and Social Care Standards:

1.6: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.'

2.22: 'I can maintain and develop my interests, activities and what matters to me in the way that I like.'

How good is our leadership?

3 - Adequate

The organisation has a good vision of equality and inclusion for all. However, the culture within the care home does not always encourage creative contributions for staff and the people that are living there. Staff need to feel more empowered to feel more innovative to provide person led care which fosters a culture of positive risk taking. The learning from this should be shared, including when things go wrong to identify and work on building better ways to support people.

We were able to observe some systems that were in place to monitor aspects of service delivery. Despite this there was confusion and a lack of clarity regarding roles and responsibilities. Quality assurance processes, including self-evaluation and improvement plans were ineffective. The approaches taken were not sufficiently detailed to demonstrate the impact of any planned improvement.

We were unable to observe effective evaluation of people's experiences to ensure that their needs were being met. There was a scarcity of documentation to identify individualised care and aspirations to help people get the most out of life, which had the capacity to have a detrimental effect on people's wellbeing.

The management structure was currently not using success as a catalyst to implement further improvement. Changes appeared to be happening as the result of a crisis rather than robust quality assurance. This has also impacted on staff morale and their contribution to being involved in sustained improvement.

There was an overview of incidents and accidents, however there was lack of analysis of these. There were accidents forms where there should have been incident forms completed, this then resulted in a poor audit where specific incidents could be tracked to highlight specific trends or issues. If done appropriately this ensures that people can feel reassured that the service and organisation is well led and managed.

The capacity to support improvement and effectively embed change was difficult to identify. The pace of change was slow, as the areas that were highlighted at the previous inspection were still not being addresses and taken forward.

(see requirement 1)

Requirements

1. The provider must ensure people experience safe care and support where management have a good oversight and monitoring of all aspects of the services internal quality assurance systems by **30 June 2020**.

In order to achieve this, the service provider must ensure that:

- The system effectively enables areas for improvement to be promptly and accurately identified.
- That the outcomes as a result of any audit are clearly recorded.
- Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Systems to monitor whether documentation provides accurate accounts of service provision, quality assurance and is fit-for-purpose are developed and implemented.
- All current quality assurance arrangements are reviewed and developed to ensure that these are systematic, effective and integral to service provision.

This is in order to comply with the Health and Social Care Standards:

4.1: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 13(a) - to ensure staff are suitably competent. Regulation 19 - to keep relevant records and Regulation 19(3)(j) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) (LEGISLATION).

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?

3 - Adequate

We looked at four out of the seven support plans during our inspection and we could identify some good information about people's social history, what they liked, disliked, choices, wishes and how they would like to be supported. However, this was very inconsistent throughout the four plans we observed.

The audit of these plans was not reliable, and we were unable to identify if these plans had been audited as some of the information was found not to be appropriate to that individual any longer.

The use of charts and other observations were not always being followed up with the relevant support plans or risk assessments. Specific charts which identify if a person's skin is at risk was being completed and identified as high risk, but there was no support plan to identify what staff should do to support this for that person.

For those that come to the care home on short breaks or respite, personal plans would benefit from being in a format which is more meaningful to them. We observed a system that used a widget that converts text into a pictorial format which was good, however we needed to be reassured that people were being involved in this. This would be especially important for those more able and could contribute to their support plans.

We observed information in the support plans that had included the multi-disciplinary teams. We could see that there was input from the GP, district nurses and other relevant professionals and this was documented in the nurse's book. Despite this, the information was not always accessible to everyone and had the potential for information to get lost or not handed on to the next shift.

Care Reviews should be carried out every six months in line with best practice for supported people. Staff could tell us that some of these were done but others had not had a review for over a year due to difficulty getting relevant people to attend. We were unable to observe review minutes either. Having regular reviews ensures that supported people get involved in the shaping of their support. People can then be supported to give regular feedback on how they experience care which can be used to shape and improve the service.

Where people were unable to make choices or decisions, the service worked with relatives to ensure the correct supporting legal documentation was in place. This ensured that staff were clear about their responsibilities on how to support an individual with any important decisions and who to involve.

Anticipatory care and ensuring that people are helped to live well right to the end of their life is important. We saw a good example of this on one of the support plans we looked at. A good anticipatory care plan ensures that staff know what they should do if a person's health deteriorates quickly. This ensures that each person's wishes, and choices are respected in such an event.

From our observations and evidence we have collated regarding how well our care is planned, we concluded that people were not benefiting from dynamic care planning. Care and support plans were basic or static documents that were not routinely used to inform staff practice and approaches to care and support. The plans were not accurately reflecting the care and support experienced by people who live in the service. Nevertheless, we could identify that people were well supported. The main issue was that this was not being documented in a format which reflected this.

(see requirement 1)

Requirements

1. The provider must ensure that personal plans identify all risk, health, welfare and safety needs in a coherent manner which documents how needs are met by **30 June 2020**

In order to achieve this the service provider should:

- Demonstrate that written information about accidents or incidents involving residents is accurate and up to date.
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- Provide training so that staff are aware of their responsibility in maintaining accurate records of accidents and incidents.
- Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- Ensure that managers are involved in audits of records.

This is in order to comply with the Health and Social Care Standards:

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.'

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

Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 13(a) - to ensure staff are suitably competent. Regulation 19 - to keep relevant records and Regulation 19(3)(j) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) (LEGISLATION).

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 service should develop a clear and auditable procedure for the recording, monitoring and evaluating explained and unexplained bruising.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I use a service and organisation that are well led and managed". (HSCS 4.23)

This area for improvement was made on 20 November 2018.

Action taken since then

We were unable to see consistently that this area for improvement was being appropriately monitored.

We have repeated this area 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

How well do we support people's wellbeing?	3 - Adequate
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	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	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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