

Caledonian Court Care Home

Care Home Service

Victoria Road
Larbert
Falkirk
FK5 4NA

Telephone: 01324 556322

Type of inspection:
Unannounced

Completed on:
10 November 2020

Service provided by:
Care UK Limited

Service provider number:
SP2003002341

Service no:
CS2011300795

About the service

Caledonian Court is a purpose built care home for up to 72 older people. The service is provided by Care UK.

The service was registered with the Care Inspectorate on 31 October 2011.

The home is in a residential area of Larbert and close to local amenities, including public transport. The care home is on two floors with lift access to the first floor. The ground floor has two units which are open to each other. The first floor has three units which are also open to each other.

Each unit has its own lounge, dining room and kitchen. There are enclosed garden and patio areas for people to use.

An unannounced inspection took place on 9 and 10 November 2020 in response to concerns about the provider's management of a COVID-19 outbreak. We were joined on our inspection by a senior inspector from Healthcare Improvement Scotland. At the time of our inspection the service was being supported by staff from NHS Forth Valley.

What people told us

At the time of our inspection there were 36 people living in Caledonian Court. We spoke to a couple of residents but most were isolating in their rooms. We spent time observing how well staff and residents interacted. We saw many examples of positive interactions that demonstrated people were treated with kindness, dignity, affection and respect.

We spoke to three relatives by phone and spent some time with residents observing the care and support provided by staff. Comments we received included:

'They're all awfy good lassies to me'

'I can't speak highly enough of Caledonian Court'

'Staff are all so helpful and informative'

'Staff have been excellent at keeping me up to date with what's going on'

'I've had numerous skype calls with my relative which made me feel a bit more involved'

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus during this inspection was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We also wanted to ensure that people experienced high quality care and support that was right for them. We found that the service was performing at an adequate level with strengths just outweighing weaknesses.

On entering the building, visitors completed a 'track and trace' questionnaire. A thermal imager was used to routinely record temperatures as this may assist in the early detection of COVID-19 symptoms.

It is important that people are treated with dignity and respect and that care is provided in a compassionate way. Staff knew the people they cared for well and we saw respectful, affectionate interactions with good use of humour. This evidenced that people's needs and wishes were supported by people who knew them well.

Due to an outbreak of COVID-19 within the home all visits, except those for people receiving end of life care, had been suspended. Residents had been supported to keep in touch with friends and relatives through the use of technology. The service had purchased tablets and some residents had their own smartphones to enable them to remain in contact with their families. It is important that families have the opportunity to remain involved in their loved one's care. One relative told us that they had enjoyed many video calls which they had found reassuring.

Personal plans were not as up-to-date or person centred as we would expect. The service used an electronic system for recording personal plans and all staff were able to input information and updates throughout the day. This should ensure that people's care and support needs were current. Information and recording of wound management was not fully completed which is important to help residents remain healthy and well. Some personal plans contained generic information and lacked key information specific to each resident. Information that is person-centred or specific to each individual should be improved. Anticipatory care plans were brief and functional. Every person living in the service should have a palliative care plan that helps to guide the staff who care for them at the end of their life. We found that, although the personal plans were organised and people's needs were identified, they did not clearly reflect the resident as an individual or their achievements in a person led way. (See Requirement 1).

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

During an outbreak of COVID-19 the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of all people experiencing care and staff.

We noted that the cleanliness of the environment was of an adequate standard. Communal areas were clean and free from clutter. Housekeeping and care staff were aware of the importance of cleaning frequently touched areas and enhanced cleaning schedules were in place. However, we found some areas of the home, in particular resident's ensuite toilets to be cluttered, dirty and requiring a thorough deep clean.

This was highlighted to the manager at the time of our inspection. Other areas, for example handrails, were damaged and this would make it difficult to ensure effective cleaning was taking place. The service must ensure the environment is uncluttered, clean, intact and safe to promote good infection control. (See Requirement 2).

We saw that some care equipment such as hoists were clean, but toilet aids including risers and commodes were stained and contaminated. Shower chairs were rusty and stained and wheelchairs were dusty and dirty. The service must ensure regular checks, cleaning and deep cleaning of care equipment and replacement is carried out to reduce the risks of transmission of infection and keep people safe. This would ensure that all care equipment is clean and safe for resident use not limited to but including toilet risers, commodes and shower chairs.

There were adequate supplies of Personal Protective Equipment (PPE) and staff were able to describe how that would be used. Staff were observed using PPE appropriately.

Systems were in place to manage isolation of residents who were COVID-19 positive.

Practices for laundering contaminated linen was in line with national guidance.

Testing of staff and residents were taking place on a weekly basis. This all helped to minimise the spread of infection.

The service must put in place adequate checks and audits of the environment and care equipment to provide assurance that both the environment and care equipment are safe and clean. (See Area for Improvement 1).

People should expect an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. We discussed with the manager the need to assess the premises, in particular domestic services rooms, dirty utility rooms (sluices), laundry, treatment rooms and store rooms against current guidance and develop a risk based refurbishment plan for the home.

The service should also consider the appointment of champions and further training through the NHS Education for Scotland (NES) Infection Prevention and Control pathway. This would ensure people had confidence in the staff who support and care for them.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

People were supported in ways that suited them, their views and wishes were respected and staff enabled them to go at their own pace. People had developed positive relationships with staff members and were comfortable in their company. Staff had a friendly and relaxed manner and understood the needs of the people they were supporting.

People can be confident that staff work well together, share important information about their care and support and are well supported by the management team. We saw staff were responsive to people's requests and prioritised their care needs.

The service usually had sufficient experienced and knowledgeable staff working each day and this meant that people knew who was supporting them and received a consistent quality of care and support. In recent weeks this had been disrupted due to unexpected staff absence and the service was not able to offer the usual continuity and consistency of care. We were told this situation was now improving again.

Staff had received some training on infection prevention and control and on the use and disposal of PPE. However, we found staff had done different amounts of training on infection prevention and control and the use of PPE. This meant they did not all have the same level of knowledge and we advised the service provider that there should be a more organised and systematic approach to staff training in these areas. This will ensure all staff trained to the same level and people are kept safe and the risk of infection is reduced. (See Area for Improvement 1).

In addition to inconsistencies in staff training on infection prevention and control and PPE, we found that management were not closely monitoring staff's practice in these areas. Usually, a management team would have systems in place for checking staff's practices and ensuring it is to the required standard. This will help to ensure what staff learn in training is consistently put into practice and that people are safe and supported to keep well. (See Requirement 3).

Requirements

1. By 11 December 2020, the provider must ensure that all personal plans, including anticipatory care plans, are in place and record all risk, health, welfare and safety needs in a person centred manner which identifies how needs will be met. In order to do this the provider must ensure documentation and records are accurate, sufficiently detailed and reflect the care planned or provided for people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states: 'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected.' (HSCS 1.23)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

2. By 11 December 2020, in order to ensure good outcomes for people experiencing care, the provider must ensure the care home environment is clean and infection prevention and control measures are improved. In order to achieve this, you must ensure:

a) the home environment, including sanitary ware, painted surfaces and floors must be uncluttered, clean, intact and safe for use.

b) all care equipment is clean and safe for use. This includes, but is not limited to, toilet risers, commodes and shower chairs.

c) the service must develop an adequate quality assurance process to ensure the environment and care equipment are safe and clean.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

It is also necessary to comply with Regulation 4 (1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

3. By 11 December 2020, the provider must ensure people being cared for can be confident that staff are competent and skilled in infection prevention and control practice. To ensure this, the service provider must put in place robust and regular checking and monitoring measures for staff practice. Suitable monitoring should include:

- staff's wearing and disposal of PPE
- hand washing and hand hygiene
- correct practice when disinfecting care equipment
- assisting people to physically distance and keep good hand hygiene.

This is to ensure that 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 is to comply with Regulation 4.(1) (a) A provider must make proper provision for the health, welfare and safety of residents of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 (SSI 2011/210)

Areas for improvement

1. In order to clearly identify areas for improvement, the quality assurance and audit processes in relation to infection prevention and control must be further developed. The provider should assess the premises, in particular domestic services rooms, dirty utility rooms (sluices), laundry, treatment rooms and store rooms against current guidance and develop risk based refurbishment plan. Consideration should also be given to the appointment of champions and further training be encouraged via NES Infection Prevention and Control pathway.

This is in order to ensure that 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) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow the professional and organisational codes.' (HSCS 3.14)

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 further develop a strong focus on enablement and supporting people's independence, skills and abilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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.' (HSCS 1.6).

This area for improvement was made on 22 May 2019.

Action taken since then

We did not assess this area for improvement during this inspection. We will carry this forward to our next inspection.

Previous area for improvement 2

The provider should improve the provision of meaningful activities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state '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.' (HSCS 1.6) and

'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) and

'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want.' (HSCS 2.21)

This area for improvement was made on 22 May 2019.

Action taken since then

We did not assess this area for improvement during this inspection. We will carry this forward to our next inspection.

Previous area for improvement 3

The provider should improve the information recording and practice in relation to supporting people's continence.

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) and

'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 22 May 2019.

Action taken since then

People's continence care and support needs had been recorded and a support plan was in place to provide guidance for staff on the level of support they required. People's health was protected by appropriate risk assessments being in place and these were being followed by staff.

When people had food and fluid charts in place, these had been completed regularly.

Staff responded promptly to people's requests for support to the toilet. Support was provided maintaining the person's dignity and privacy.

This area for improvement had been met.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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