

Applecross Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 November 2020

Service provided by:
Applecross Nursing Home Limited

Service provider number:
SP2003002367

Service no:
CS2003010474

About the service

Applecross Nursing Home Ltd was registered with the Care Inspectorate on 1 April 2011 to provide a care service for a maximum of 82 people of which 60 places are for young physically disabled adults and 22 places are for older people living with physical, sensory impairment and or memory impairment or living with a diagnosis of dementia.

Applecross Nursing Home is a large house, with two extensions, situated within well-kept grounds just outside Barrhead. The accommodation is divided between the main building for older people and the extension which is mostly used for accommodating younger physically disabled adults.

Throughout the home there are lounge and dining areas. All of the bedrooms are single rooms most of which have en-suite facilities. There is access to the gardens from the ground floor lounges. Each level has communal lounge and dining facilities. The extension offers enhanced resources such as more bedrooms, lounges, therapy rooms and a cinema.

The home's aims are to "... treat residents with respect and kindness, to protect their human rights by helping them to make individual choices and to promote privacy and dignity."

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

We observed genuine, warm and nurturing interactions between people using the service and staff. We concluded that people overall benefited from positive relationships developed by the staff team.

We heard some positive comments from people who live in the home about the care and support provided:

"I came back into the home. I get on really well with the staff and I enjoy the company."

"Overall I enjoy the meals that you get here."

"I go outside when I want to have a ciggy. I know people here."

We heard comments that there could be more opportunities to go outwith the home but the person recognised that the current restrictions made this difficult.

We contacted three relatives by telephone during the inspection. Based upon comments received, we concluded that they were happy with the care provided and were mostly of the opinion that overall there was good communication by the service.

"I receive weekly FaceTime sessions organised by the staff. If there are any changes with my relative the staff phone me right away. I think it is a very responsive service."

"I am happy with the support. Every time I phone I'm made to feel nothing is too much bother."

"I feel the staff go above and beyond to provide very good care."

"We have had Zoom meetings to help keep me up to date."

We also heard of some improvements which could be made.

"Initially there were some breaks in communication particularly after my relative was discharged from hospital. However, overall it is a good well organised service."

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 of this inspection was to establish if people's health and wellbeing were supported and safeguarded during the COVID-19 pandemic. We found that strengths taken together just outweighed areas for improvement. We concluded the performance of the service in relation to meeting people's health and wellbeing to be adequate.

We observed staff supporting people with compassion and noted they had understanding and knowledge of the care needs of people experiencing care.

People were supported to stay in touch with family and friends using various methods of electronic communication including FaceTime and emails as well as arranging external visits until recently. The service had identified a room that with further reconfiguration can be used for visitors aligned to infection prevention and control guidance.

People benefited from staff monitoring their health status and detecting changes at an early stage through using key risk assessments including those relating to skin integrity and assessing the nutritional and hydration needs of each person.

We found staff had promptly arranged interventions from external agencies to help keep people well and safe. Staff had used findings from risk assessments to inform the type of support needed for each person. However, these did not consistently inform the frequency of monitoring carried out by staff, for example recording positional changes. We concluded that through more robust audits the management team could identify if care plans are sufficiently clear and check if staff are adhering to recommendations made. We made an area for improvement in the previous inspection and shall repeat in view of our findings. (Please see area for improvement 1.)

Anticipatory care planning provides an important opportunity to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell. These were in place in the personal plans we reviewed.

The service had "just in case" medication in place for people who are nearing end of life. We identified that there should be an improvement in practice as far as storage of the associated MAR (Medication Administration Record) sheets to ensure these are readily accessible for staff who may administer this medication.

Having meaningful things to do is important for helping people have a sense of wellbeing. An activities programme was in place and the service had ensured that one to one activities had been offered to people within their own bedrooms. Families had been kept up to date with the activities that their loved ones have been involved in.

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

We found that strengths taken together just outweighed areas for improvement. We concluded the performance of the service in relation to infection control practices to support a safe and clean environment to be adequate.

People should experience an environment which is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

The general environment appeared clean, with the exception of the linen store cupboards. Staff had good knowledge of cleaning products and both care staff and domestic staff were aware of ensuring frequently touched surfaces were regularly cleaned.

Staff appeared motivated to follow good practice in relation to infection prevention and control. A supportive culture had been developed by the management team who ensured good infection prevention and control information was readily available for staff.

Quality assurance processes carried out by the management team included mattress audits, environmental audits and hand hygiene audits. During the recent outbreak, we saw that the Health Protection Scotland care home daily outbreak checklist had been completed. However, we saw several pieces of care equipment which were dirty and or contaminated and could pose a risk to people using the service and staff. The audits used by the management team had not identified the issues with the cleanliness of the care equipment.

The service should improve how clean linen is stored to ensure it is kept clean and free from clutter. There should be improvement in the storage of used or infectious linen by placing this in a designated, safe and lockable area. Clinical waste should also be stored in a locked container prior to being uplifted.

We shall make a requirement that the service makes improvement in connection with the cleaning regime of equipment and the storage and handling of linen and waste. (Please see requirement 1.)

We found the service had good supplies of readily accessible, appropriately stored personal protective equipment (PPE) which can help protect people who use the service and the staff who provide support. Staff knew how to access PPE.

PPE includes the wearing of specialist respirators by staff who carry out specific procedures for people who have complex medical needs. Only three staff had been fitted for a specialist respirator - this meant that there was a risk that there were not sufficient staff with specialist equipment available at all times. Whilst there is currently no COVID-19 in the home, we continue to see sustained community transmission therefore guidance within Appendix 7: PPE Table 4 of the COVID-19: Information and Guidance for Care Home Settings (Adults and Older People) version 1.9 should be followed. https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_covid-19-information-and-guidance-for-care-homes.pdf

We were assured that there were plans in place by the management team to have a fitting and training session for identified staff to address this issue within a week of the inspection being carried out. We shall make a requirement that this is undertaken in order that there is suitably trained staff with the necessary equipment to provide this specialist care and support. (Please see requirement 2.)

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

We found that strengths taken together just outweighed areas for improvement. We concluded the performance of the service in relation to staffing arrangements and the responsiveness to the changing needs of people to be of an adequate level when we evaluated the service.

Staff should be competent skilled and able to provide safe care and support. We spoke to a range of staff and found the majority had undertaken COVID-19 specific training and had been issued with an electronic link to best practice guidance relevant to infection prevention and control.

We identified that there was a need for staff to undertake palliative care training such as the Palliative and End of Life Framework, developed by NHS Education for Scotland and the Scottish Social Services Council. We shall make an area for improvement that this is planned and undertaken. (Please see area for improvement 2.)

We found that a range of staff had been included in direct observations of practice such as the donning and doffing of PPE. We believe that the whole home approach is appropriate and would like the service to continue to expand on this.

Staff would benefit from having greater opportunities to discuss best practice and reflect on learning. We shall make an area for improvement that this area is developed. (Please see area of improvement 3.)

Through support from management, the service had developed a staff "therapy room" which a maximum of two staff can use during break times. We heard positive feedback on how this is regarded as a useful resource for staff in times of stress. Information on external counselling services were displayed for staff.

Requirements

1. By 2 December 2020, the provider must ensure that acceptable standards of infection prevention and control are promoted. To do this, the provider must ensure:

- all residents' care equipment is kept clean and safe for residents use
- clean linen is stored in a clean, designated area free from clutter and unnecessary items
- all used/infectious linen is stored in a designated, safe and lockable area
- waste is stored in a locked container prior to uplift.

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

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

Which takes account of The National Infection Prevention and Control Manual (<http://www.nipcm.hps.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/>) and Healthcare Improvement Scotland (HAI) standards (2015).

This is 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 2 December 2020, the provider must ensure that sufficient numbers of staff are face fit tested for FFP respirators in order that they can safely provide care for people living within the home.

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

"I experience high quality care based on relevant evidence, guidance and best practice." (HSCS 4.11)

Which takes account of COVID-19: Information and Guidance for Care Home Settings Version 1.9 <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-care-home-settings/>

This is 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).

Areas for improvement

1. The service provider should ensure that any audits carried out provide clear details of actions taken to address areas for improvement identified.

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. People experiencing end of life care should be cared for by staff who are knowledgeable in palliative and end of life care.

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

"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)

3. The service should widen the opportunities for staff to discuss best practice and reflect on practices.

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

"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)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

We made this requirement following a complaint investigation.

In order to ensure that people get the medication they need, the provider must ensure that by 29 May 2020:

- Medication is administered as prescribed and appropriate records are kept to demonstrate this.
- Medication is given in a manner that allows the service users to get the intended benefit of the medicine and is given in line with manufacturers' guidelines.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care).

This requirement was made on 27 February 2020.

Action taken on previous requirement

The service had introduced routine audits as a measure to check that there were adequate amounts of medicine and to check that people were receiving medication as prescribed. Based upon our findings, we were satisfied the requirement was met.

Met - within timescales

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 provider should ensure that any audits carried out provide clear details of actions taken to address areas of improvement identified.

This ensures that care and support is consistent with the Health and Social Care Standards (HSCS) 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 31 July 2019.

Action taken since then

Please see comments under section 7.1. Based upon our findings, we concluded the area for improvement was not met and shall be repeated.

Previous area for improvement 2

The service provider should introduce direct observations for each staff member to ensure that training is integrated into their day-to-day practice and people using the service can be assured that staff are competent in carrying out their role.

This ensures that care and support is consistent with the Health and Social Care Standards (HSCS) 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 31 July 2019.

Action taken since then

See comments under section 7.3 which reflect that direct observations are being carried out with staff. Based upon our findings, the area for improvement is met.

Previous area for improvement 3

We made the following area for improvement following a complaint investigation.

The provider must ensure that when a resident has a specific health need that a care plan is developed and a clear record of all external professional appointments, visits and advice is recorded and available to all staff involved. Records of all action taken and any treatments carried out should be clearly and fully recorded.

This is in order to comply with: Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 27 February 2020.

Action taken since then

Through sampling personal plans and checking referrals and speaking with a Care Home Liaison Nurse we were satisfied that the area for improvement had been met.

Previous area for improvement 4

We made the following area for improvement following a complaint investigation.

The provider should ensure that residents have sufficient supplies of continence products to meet their care needs.

This is in order to comply with: Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 19 October 2020.

Action taken since then

The service had carried out a review of continence assessments for each resident and ensured that there were additional supplies available. Based upon our findings, the area for improvement had been met.

Previous area for improvement 5

We made the following area for improvement following a complaint investigation.

The provider should ensure that continence care assessments are accurate, and that staff have clear guidance regarding continence care best practice.

This is in order to comply with: Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 19 October 2020.

Action taken since then

The service had carried out a review of continence assessments for each resident and staff had received further guidance aligned to best practice. Based upon our findings, the area for improvement had been met.

Previous area for improvement 6

We made the following area for improvement following a complaint investigation.

The provider should ensure that care planning and supporting documentation is clear, accurate and undertaken correctly.

This is in order to comply with: Health and Social Care Standard 3.14: 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.

This area for improvement was made on 19 October 2020.

Action taken since then

This area for improvement related specifically to a person who received support with a PEG feeding regime. We examined an associated care plan and found that this now contained specific information relating to the individual. Based upon our findings, the area for improvement had been met.

Previous area for improvement 7

We made the following area for improvement following a complaint investigation.

The provider should ensure that staff have clear guidance regarding care planning and the completion of relevant documentation, to ensure they have an understanding of accurate recording.

This is in order to comply with: Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 19 October 2020.

Action taken since then

We concluded that further work was required in relation to auditing care plans and associated records in order to assess the accuracy of these. We have made an area for improvement within section 7.1 which supersedes this area for improvement.

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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