

David Cargill House Care Home Service

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Glasgow
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Telephone: 0141 339 4733

Type of inspection:
Unannounced

Completed on:
19 November 2020

Service provided by:
David Cargill House, Management
Committee

Service provider number:
SP2003000009

Service no:
CS2003000834

About the service

David Cargill House Care Home is managed by David Cargill House, Management Committee.

The service is located in the West End of Glasgow within a listed Victorian building. The care home offers a homely, comfortable and pleasant environment for up to 45 people.

There are a mix of twin and single rooms, however currently all people living in the home have their own room. The home has a number of shared bath and shower room facilities.

Within the home there are a number of communal public spaces providing comfortable lounges, a hairdresser's room and reminiscence room. The conservatory overlooks the well tended secure rear garden which provides raised flower beds and greenhouse that encourages residents to grow their own fruit and vegetables.

The service aims to provide the level of care and support people need to ensure that, as far as possible, independence and individuality are maintained whilst respecting individuals' rights to freedom of choice, privacy and personal dignity.

At the time of our inspection there were 35 people living in the home.

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.

What people told us

We spoke with 4 relatives by telephone and two relatives who we communicated with by email. We heard very positive comments with regard to the care and support people received, and the staff were described as respectful, kind, hard working and compassionate.

Relatives told us they had a high level of trust in the management and staff team, and that good relationships had been formed with both management and staff. People also told us the level of communication was of a very good standard.

People commented that home was clean, fresh and welcoming, and one person stated "you can feel the warmth of the home as soon as you walk through the door".

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?	4 - Good
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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?

4 - Good

7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic

We assessed the service as providing a good level of care and support to people. We concluded this after reading records held by the service, discussions with staff and relatives and undertaking observations of staff practice.

It is vital that people have opportunities to maintain relationships with others, this promotes good mental and physical wellbeing. We saw good evidence of people being supported to have contact with those who were important to them using video technology, facilitating phone calls and visits to the care service in line with public health guidance. People were offered a variety of meaningful activity on a daily basis, and it was pleasing to see photographs of residents enjoying various pastimes both indoors and in the garden areas.

Records for people who remained in their rooms had gaps in the recording over numerous dates, this included care and support and meaningful activity. People in their bedrooms looked well. However, we found that at times there was a lack of detail in relation to how people's needs should be met, such as the assessment of risk in relation to skin care and action to be carried out to reduce risk, for example, to change position at regular intervals. If health professionals needed access to these records, it would be difficult to accurately reflect whether a person's needs had been fully met. **(See area for improvement 1).**

People received a good level of nutrition, with their needs being recorded and monitored for any changes. We identified that the recording of fluid intake for people could improve for those that required support with hydration, including those in their rooms.

(See area for improvement 2).

Relatives and those important to people living in this care service were involved in care decisions. This was evidenced to a high standard. Regular reviews of people's care were undertaken, this told us that any changes to people's health was being monitored. The service is well supported by both external health professionals and social work. Any guidance highlighted by health colleagues was recorded well with care staff following up on any actions required in order to keep people well. We were assured that positive working relationships were in place with the care staff and a range of professionals who supported the home. This meant people received a consistent level of care.

The service demonstrated compassion and an enabling approach to supporting people at the end of life and those important to them. Relatives had made contact with the service to express their thanks for the care and attention that everyone had provided.

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

We assessed the infection control practices within the home to be of a very good standard. All areas of the home were clean and fresh, this included communal bathrooms and residents' rooms. Enhanced cleaning schedules were in place, and it was evident that the correct cleaning products were being used in line with public health guidance.

Staff had access to PPE in a number of areas throughout the home, and all staff were observed to be wearing this correctly.

The home supported people to remain at a safe physical distance, and furnishings were arranged in a way to accommodate this. Staggered meal times in the dining room also provided additional measures to keep people safe and well.

There were a number of posters displayed throughout the home with good information regarding hand washing techniques and other prompts. We advised the service to laminate these so these could be easily wiped down and remained clean.

The process for laundry was of a high standard, and staff were aware of their responsibilities with regard to their own uniforms which was in line with current guidance.

The clinical waste is removed each week, however, sometimes the waste outside is close to overflowing and we have advised the service to request a review of the arrangements for this.

There is a basement entrance for staff with very good measures in place regarding infection control, including a self disinfecting floor mat. We advised the service that it would be good practice to monitor the temperatures of those entering the home.

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

We assessed the staffing arrangements to be of a good standard. Staff indicated that there was a high level of consideration given to the planning of the staffing rotas to ensure there was the correct balance of skill mix, experience and knowledge of care needs amongst the team. This meant that people receiving care could be confident that carers were skilled and responsive to their care needs.

People were supported by care staff in a manner that promoted their independence. Staff were respectful and compassionate in their approach.

Staff received a good level of training with regard to infection prevention and control in line with current guidance. It was evident during our discussions with staff members that they were clear about their responsibilities and procedures. Management frequently observed staff practice. This provided assurance that staff understood the training and therefore provided a safe level of care to people. Staff were regularly updated with current guidance and knew how to access information. Staff felt very well supported by the management team, and regular meetings took place to ensure that there was good communication across the organisation.

Staff felt there were enough of them on duty to respond to the needs of people. However, we concluded that the way in which the staff numbers were calculated may not accurately take into account the fluctuating needs of people, in particular those who display a high level of stress and distress, or for people who remain in the rooms. Potentially this meant that those residents who needed a more individualised or flexible response to their care needs may not always receive this. **(See area for improvement 3).**

Areas for improvement

1. In order to support people fully and meet all of their needs, care staff should be guided by the risk assessments and associated actions in care plans. To support the work of external health professionals,

interaction with people in their rooms should be evidenced in records. This should include meaningful activity.

This is consistent with the health and social care standards that state "I am assessed by a qualified person, who involves other people and professionals as required" and "My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.13 and 1.15).

2.

In order for people to keep well, those who need support with hydration should have their needs assessed to determine their daily target fluid intake. Fluid intake should be accurately recorded and reviewed throughout and at the end of the day, to enable action to be taken to achieve the fluid intake target.

This is consistent with the health and social care standards that state "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23).

3. In order to demonstrate that people receive their support by the right number of staff, the service should evidence more clearly the fluctuating needs of people, taking into account their social, environmental and emotional needs.

This is consistent with the health and social care standards that state "My needs are met by the right amount of people" and "I am supported and cared for sensitively by people who anticipate issues and are aware of the plan for any known vulnerability or frailty." (HSCS 3.15 and 3.18).

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	5 - Very Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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