

Cochrane Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 December 2020

Service provided by:
Silverline Care Caledonia Limited

Service provider number:
SP2014012299

Service no:
CS2014326137

About the service

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 and advisors from the Care Inspectorate and Healthcare Improvement Scotland.

Cochrane Care Home provides accommodation for 65 older people. The service registered with the Care Inspectorate on 8 September 2014. The purpose-built home is set on two levels and is subdivided into four units. Bedrooms are en suite and can be personalised. Residents have also got access to communal bathrooms and toilets. Each unit has a pantry, dining room and several lounge areas.

A lift allows access to the upper floors. The home is surrounded by large garden areas. There were 50 people using the service during our inspection.

The provider of the service is Silverline Care Caledonia Limited. The provider's mission statement is 'to provide high quality care to our residents, peace of mind for their families, and be a great place to work'.

We inspected the service initially on 16 and 18 December. On 18 December, we issued a letter of serious concern regarding infection prevention and control and management oversight. The letter required immediate action on these areas. We visited the service again on 22 December. At that visit, we were satisfied that progress had been made on areas contained in the letter of serious concern. We completed our inspection on 22 December.

What people told us

At the time of our visits, the service had an active COVID-19 outbreak which limited our ability to speak to residents. People appeared content and well looked after.

We were able to speak to families of five residents. They were all very satisfied with the level of care and support their loved ones received at Cochrane Care Home. They told us the service kept in regular contact and would inform them of any concerns about their loved ones. They said staff and management provided care that made a positive difference to people's lives. One family member told us, 'They have been fantastic. They made her comfortable and welcome. Small things like letting her sleep, choose nice clothes to wear. Had problems getting her to eat before she moved to Cochrane and now eats well.'

Other comments included:

'Management and staff are excellent. When I am asked what I think about Cochrane Care Home by other people, I always respond very positively.'

'I've never been worried. She is unwell at the moment, but I have great faith in the staff.'

'They do well with him and he's as happy as he can be'.

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?	2 - Weak
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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? 2 - Weak

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

The COVID-19 outbreak at the service affected residents and staff. Regular testing of residents and staff, together with checking temperatures helped reduce the risk of further infection.

People were supported to maintain contact with family and friends through technology and telephone calls. Families told us they appreciated the efforts the service made to help them be in contact.

Activities had been reduced due to the pandemic. They took place on an individual basis rather than in groups. The service should consider how it records such activities to reflect the work done and how activities contribute to improved outcomes for people.

Weight loss can be a serious issue for people during the pandemic. We saw residents were encouraged to have additional snacks and drinks between meals. While most people remained in their room, we were pleased to see a small number of residents were helped to dine with others at a safe distance. This helped provide some important social contact.

A comprehensive, digital care planning system took account of people's needs and preferences. It included information about people's changing needs due to COVID- 19. End of life care was included when appropriate. Families were involved in telephone reviews. The clinical health and care needs of residents appeared well managed.

The care planning system should be improved to include audits of the quality of care plans and ensure they are person-centred and reflect changing needs and required actions. We have made this an area for improvement and will monitor progress at future inspections. See area for improvement one.

The service did not have regular management and clinical oversight meetings. This meant that important information relating to people's health and wellbeing was not always shared in a timely manner. The service did not always have accurate information on areas like wound care and infection levels. We asked management to address these areas and they responded positively. By the end of our inspection, they told us they had intended to introduce oversight meetings seven days a week. This will help ensure clear lines of communication, accountability, improve clinical governance and help safeguard people's health and well-

being. We will monitor the implementation and impact of this at future inspections and have made it an area for improvement. See area for improvement two.

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

The home was clean and generally uncluttered. It was well maintained although we saw some areas of damage including a flood damaged ceiling, missing bathroom tiles and a damaged wall. This damage means the areas cannot be cleaned effectively.

The service had sufficient supplies of Personal Protective Equipment (PPE) likes gloves, masks and aprons. However, PPE supply stations were not always adequately stocked to allow staff to access items quickly and easily.

Signs throughout the home reminded people of the importance of handwashing. Staff had easy access to hand-sanitiser.

We examined mattresses, mattress covers, as well as cushions and seating in communal areas. We were satisfied with the levels of cleaning in all these areas.

The service took immediate action on the layout of the laundry room following guidance from us. The improved layout helps ensure contaminated laundry is always separated from cleaned laundry and reduces the risk of cross contamination. There was some confusion among staff about the correct temperature to use when dealing with contaminated items. Staff did not always follow current guidance on handling and transferring laundry. The service should ensure staff have access to laundry trolleys to transfer laundry safely.

Disposing of clinical waste, like used gloves, masks and aprons, safely is essential to reduce infection and keep people and staff safe. Staff did not have easy access to clinical waste bins when supporting people who were COVID-19 positive and other routine duties. Clinical waste containers outside were not locked and one was overflowing. Domestic waste containers were also overfilled. The service had begun to resolve these issues at the end of our inspection. However, this had not been fully implemented and we have made a requirement on this area. See requirement one.

We found some important equipment including raised toilet seats and shower seats with stains and contamination on them. Wheelchairs were not properly cleaned after use. The service did not have systems in place to confirm that care equipment like hoists were properly cleaned and disinfected between each use.

Cleaning schedules had no useful information on what was included in daily cleans or deep cleans. We were told that frequently touched areas were cleaned twice daily in line with current guidance but there was no evidence to support this. Monthly deep cleaning of rooms was not fully recorded or monitored. See requirement one.

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

The service was sufficiently staffed in all units and during day and night shifts. The service was reliant on agency staff due to the COVID-19 outbreak. Agency staff told us that they were properly introduced to the service when they first arrived. They were told about residents' care and support needs and how the service was supporting residents who had tested positive. This helps ensure people can be confident that staff supporting them know them and their support needs.

We saw staff supporting people respectfully and warmly. They used first names, displayed humour when engaging with people. Residents responded positively to staff and were obviously comfortable with them.

Staff told us they felt part of a team at Cochrane Care Home. They appeared committed to their roles. They said they enjoyed their work and made a positive impact on the lives of the people they supported, particularly during the pandemic when contact with families was limited.

The service had introduced COVID-19 folders for staff. These provided the latest guidance from Scottish Government, Public Health Scotland and other agencies on dealing with the virus. The folders were overflowing and would benefit from being better organised to make it easier for staff to find the most important and up-to-date information.

The service had sufficient supplies of PPE equipment. However, it was not always within easy reach for staff to access. Public Health Scotland guidance says staff should wear nitrile gloves which provide better protection for staff and people than vinyl gloves. However, we saw vinyl gloves among PPE for staff use and were concerned that these might be used instead of nitrile gloves.

Staff were generally competent in using PPE including when supporting people who had tested positive for COVID-19. Some staff were not confident in donning and doffing PPE which increases the risk of infection. Some staff did not wear masks properly. We saw some wearing jewellery, nail varnish and outdoor clothing on top of their uniforms which is unhygienic and increases the risk of infection. Management took immediate action on some of these areas and told us they had commenced refresher training for staff. We have made this part of a requirement and will monitor the impact at later inspections. See requirement one.

Staff uniforms were not washed at the service and some staff were not able to describe the correct procedure for washing at home. We were not confident that all staff were adhering to current guidance on not wearing uniform while traveling to and from the service. See requirement one.

Requirements

1. Infection prevention and control procedures must be improved and maintained to comply with current guidance to protect the health and welfare of people experiencing care. To do this the provider must, by the 18 January 2021:

- implement a system of direct observation of staff practicing infection prevention and control including using and disposing of PPE and use of cleaning supplies and equipment
- ensure only recommended personal protective equipment is used
- implement a system to ensure all reusable equipment used in supporting and caring for residents is properly cleaned and sanitised after each use. The system to include clear recordings of cleaning
- ensure the management of clinical waste inside and outside the home fully complies with current guidance
- improve the management of domestic waste
- ensure cleaning schedules fully comply with current guidance
- establish detailed infection control competency audits to inform good practice. Such audits should clearly record findings, any actions required and progress on implementing actions
- ensure all staff receive refresher training on infection prevention and control appropriate to their role
- ensure all staff comply with wearing and washing of uniform guidance.

This is to ensure care and support is consistent with Health and Social Care Standard 5.22 which states 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' and Regulation 3 -Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) - Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The provider should review the electronic care planning system. Care plans should continue be audited to ensure they are person-centred and reflect, for example, the health and social care standards, assessed needs, mental health and wellbeing and anticipatory care.

Examples of these improvements should include but not limited to details of:

- all aspects of support needs, personal preferences, and outcomes
- how these outcomes will be met
- how plans are reviewed and audited
- appropriate actions when support needs change.

This ensures 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 'Any treatment or intervention I experience is safe and effective'. (HSCS 1.24) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. Leadership and management audit processes for care delivery must support clearer communication and accountability. Clinical overview should ensure residents benefit from effective treatment and intervention and get the right healthcare from the right person at the right time.

This ensures 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 'Any treatment or intervention I experience is safe and effective'. (HSCS 1.24) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

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 improve the assessment and care planning processes for long-term and short-term health conditions and symptoms, like pain and stress and distress in dementia. This should include (but not be limited to):

- the use of evidence-based assessment tools for the assessment of pain to support the evaluation of pain management
- following best practice for the use of ABC charts as part of the assessment process for stress and distress in dementia
- the use of care plans for all psycho-active medication to support the evaluation of their use and effectiveness
- the use of care plans and protocols for 'as required' medication to ensure their correct use and to support the evaluation of their use and effectiveness.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that '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 30 August 2018.

Action taken since then

Not assessed at this inspection

Previous area for improvement 2

The service should include personal outcomes in personal plans and ensure that these are meaningfully evaluated:

- the personal outcomes should acknowledge things that are important to people in their lives in relation to the subject of the personal plan
- the personal outcomes should acknowledge individual strengths and should demonstrate a shared sense of purpose to which the person, their family, staff and relevant others can contribute
- evaluations and reviews of the personal plans should meaningfully measure if and how the personal outcome is achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that '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 30 August 2018.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 3

The provider should review the current garden designs with a view to achieve a maximum of independence for residents. This should include (but not be limited to):

- creating garden areas that are designed to promote independence and safety for people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'if I live in a care home, I can use a private garden' (HSCS 5.23).

This area for improvement was made on 30 August 2018.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 4

The provider should make improvements to their ongoing service improvement plan. This should include (but not be limited to):

- clearly formulated actions, with allocated responsibilities and timelines
- evidence of regularly measuring progress for projects with longer timelines
- evidence of sharing outcomes and progress information of key projects in a transparent way with residents, staff and relatives.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

This area for improvement was made on 12 August 2019.

Action taken since then

Not assessed at this inspection.

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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