

Carnbroe Care Centre Care Home Service

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Coatbridge
ML5 4PG

Telephone: 01236 421893

Type of inspection:
Unannounced

Completed on:
8 February 2021

Service provided by:
Alpha Care Management Services
Limited

Service provider number:
SP2011011670

Service no:
CS2011300125

About the service

Carnbroe provides long-term residential care as well as short-term respite care for up to 74 people with a range of physical and cognitive impairment. The service was registered with the Care Inspectorate in 2011 and is provided by Alpha Care Management Services Limited.

The service is situated in a residential area of Coatbridge and is within close proximity to local amenities and transport links. The home is purpose-built over two levels with a passenger lift providing access to the first floor. The home consists of four units, two located on each floor which all provide communal lounges and dining facilities. All bedrooms have en-suite facilities and people are encouraged to bring in their own furnishings to personalise their rooms. Each floor has a communal bathroom that provides residents with an alternative to their en-suite shower. There are secure gardens to the rear of the building with seating areas for residents and visitors to use.

The service describes "dignity, respect, right of choice and transparency" as the cornerstones on which it operates. Their website states that they offer "personalised care services and are committed to the highest standards of professionalism adhering to regulatory requirements and ethical excellence."

There were 59 people living in the home at the time of this inspection.

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 advisers from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

We spoke with seven family members by phone to get their views on how well the service had maintained communication during the lockdown.

They were mainly positive about how long the home remained COVID free, some told us communication was very good and they were kept informed of how their relative was.

Some relative's commented:

"I cant really say anything bad about the home. We are quite happy that my relative is where she is and is being well cared for."

"Communication has not been fantastic to be honest when I phone I get told how my relative's doing but they aren't as proactive as I'd like."

"overall satisfied with how relative is being cared for."

"If I could change anything I would like more staff to have the time to give people more 1-2-1 time and attention. However, staff do try really hard to meet everyone's needs and I feel they have dealt with this situation of COVID really well."

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 is our care and support planned?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned? 2 - Weak

Overall the care plans were vague in detail and the information relating to COVID-19 was generic and not individual to the person.

The COVID-19 plan noted that underlying health conditions were a risk for all, however gave no detail about the underlying health conditions each person had or what specific risks those might pose for them in the event of testing positive for COVID-19. Each plan noted that the risk to the individual was very low despite health issues they may have. There was no clear insight into how the person had been living and managing over the period of the pandemic therefore no information of the support they had been offered. Care plans also did not inform staff how to manage risks such as social distancing for residents who would have difficulty complying. This would help keep people safe.

We looked at a care plan for someone who required some assistance with eating. Some of the dietary information was missing which meant there was no clear assessment of need. The resident had lost weight with no explanation of why this might be. This could mean appropriate support was not offered to keep the person healthy.

Plans were not personalised enough with no sense of the aims/goals/aspirations/future planning. There was also a lack of evidence of involvement of the resident or an appropriate person in writing these.

People who were living with complex needs such as advance dementias or mental health needs had not been assessed and the needs, wishes and plans of care, including strategies to help them to cope were not clearly recorded. The section named 'choice' which should detail likes and dislikes in various areas was completely blank on those sampled.

Reviews of the plans were not sufficient as we found they did not reflect any changes to the person's health or wellbeing including when they had COVID-19. This meant the individual's changing support needs were not always clear or effectively planned. (See Requirement 1).

Requirements

1. In order to ensure personal plans fully address the assessed needs of individuals who reside in the service the provider must by the 31 March 2021 improve the quality and information in care plans.

In order to achieve this the provider must:

- ensure care plans are person centered and outcome focused.
- ensure all health assessments are fully completed.
- ensure guidance for staff to support stress/distress behaviours is fully documented.
- ensure COVID-19 care plans detail how to support the person's health and wellbeing through the pandemic.
- COVID-19 plans detail how to support residents who will not comply with social distancing.
- ensure reviews reflect changes and are used to update care plans.
- ensure the level of detail in daily records is improved.

This is to comply with: Health and Social Care Standards (HSCS) 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.'; and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

It is also to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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.

Our focus in this inspection area 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 the performance of the service in relation to each quality indicator we looked was overall weak. We found fewer strengths for wellbeing and overall found significant areas for improvement.

Garden and window visits had taken place in line with government guidance and protocols. The service had used technology such as ipads to help people keep in touch. Relatives were supported to visit when their relative was at end of their life. We spoke with a relative visiting during inspection who told us how important it was for her to be there at that time.

There were insufficient staff to meet the needs of people experiencing care. We acknowledged that staff were busy, however there were times when they were not visible in the units. We observed a resident sitting alone in the dining room for long periods of time without staff interactions. This did not meet the residents' health and wellbeing needs.

There was a need to improve the range and access to meaningful activities as people seemed to have little to do. There were a number of residents who stayed in their room with little interaction with staff. The way people spend their day should promote feelings of purposefulness and wellbeing. (See Requirement 1).

Daily recording charts were well completed and clearly showed the amount of food and fluids people were taking. However, some oral health charts noted several omissions when residents were asleep when oral care was offered. There was no evidence this was being monitored and what actions would be taken to try to improve this. (See Area for Improvement 1).

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

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff.

During our initial visits on 28 and 29 January 2021 we identified that immediate action was required to ensure that people experiencing care were protected from harm and the risk of infection. Therefore on 1 February we issued a serious concern letter. We found the cleanliness in the home was not at an acceptable standard, and as such the risk of infections for people increased. We concluded that the management team did not have a clear overview of standards of hygiene and cleanliness within the home. By 2 February the service had developed an action plan to try to meet the identified requirements.

Domestic staff had not been appropriately trained in the correct use of cleaning products. There was a failure to follow the National infection prevention and control manual routines for decontamination of reusable equipment as the correct cleaning products were not being used. There were some unlabelled spray bottles containing cleaning solutions, including chlorine-releasing disinfectant with no information about what the contents were, the concentration or when it had been mixed. As this solution is only suitable for use for 24 hours it is essential this information is recorded.

Some care equipment inspected was found to be contaminated with body fluids and/or food residue throughout all units and areas of the home. Systems and processes were not in place to ensure all care equipment was cleaned and disinfected following use and was stored clean and ready for use. Staff needed training to identify the risks of inadequate cleaning of the environment and care equipment with a greater attention to detail going forward. There was also a lack of meaningful monitoring of staff carrying out infection control precautions, which meant areas of improvements were not identified.

There remained issues with the cleanliness of some mattresses and bedding. The systems and processes in place did not provide accurate data on the integrity and cleanliness of mattresses as the audit tool in use was not fit for purpose.

Domestic cleaning checklists must reflect work actually undertaken and not be signed off as completed when the work has not been undertaken. Where work has not been completed, there should be a system for communicating this to the next domestic on-shift. This would ensure all tasks were completed. (See Requirement 2).

A staff member did not follow government guidance that requires masks must be worn in all care settings when providing support. The service had carried out an assessment to identify the risks but failed to take any actions to ensure the staff member could work safely in the home. (See Requirement 3).

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

Staff were working hard and were coming out of a challenging time for the service. They told us they felt well supported and they had offered valuable support to each other. Staff had also felt supported by the management team, who were available to discuss any issues or concerns they had.

Staff we spoke with were cheery and committed to doing a good job. Staff were caring and respectful and residents looked comfortable and relaxed in their company.

Staff training in COVID-19 specific infection prevention and control, support in correct hand hygiene and use of personal protective equipment (PPE) in line with Health Improvement Scotland COVID-19 Information and Guidance for Care Home Settings was underway. However there were staff, particularly on night shift, who had not completed this. Through observation of practice and discussions with staff we concluded PPE was not always used correctly and opportunities for staff to clean their hands were missed.

The service did not carry out meaningful observations of staff practice. This would provide opportunities for staff to demonstrate what they had learned and would ensure staff were competent to safely support residents.

Recordings of daily notes were poor. They were repetitive and vague with no insight into how residents were supported during the outbreak in the home. Staff recording and reporting skills need to be developed to ensure there is a clear picture of the resident's day.

A lack of dementia training meant staff did not have a clear understanding of how to support residents with dementia. Care staff told us they had not had dementia training when we would expect them to be trained to skilled level. This would give them the necessary skills and knowledge to support people living with dementia. (See Requirement 4).

5 February 2021 - Follow up visit to assess progress on requirements from serious concern letter issued on 1 February 2021.

Requirement.

People experiencing care were not appropriately protected because there was not adequate cleaning of the care home.

Due to the severity of the concern you, the provider, must take the following action immediately and complete by Thursday 5 February 2021.

You must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection.

In particular you must ensure that :

- a. the premises, furnishings and general equipment are clean, tidy, and well-maintained.
- b. all care equipment must be clean and well-maintained in accordance with current guidance.
- c. safe infection control practices are adhered to by all staff at all times including the donning and doffing and correct use of PPE.
- d. the laundry facilities within the care service are being managed in a safe way in accordance with all appropriate guidance.

This is to comply with Regulations 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)

Action taken:

Staff had worked hard to make immediate improvements required to meet the serious concern letter. We were pleased that additional domestic hours will mean staff are available until 8pm. The domestic supervisor will attend training in infection control and COSHH. This will give her knowledge to pass onto the other domestic staff. There will also be time made available to the domestic supervisor to allow her to carry out observations of staff practice and checks on the cleanliness of the environment. The service had received 45 new mattresses and 30 new bumpers which were now in use. The standard of environmental and equipment cleanliness had improved. Staff training in safe infection control practices had been delivered to a number of staff. The laundry room had been cleaned and extra equipment provided to manage laundry safely. Some areas of the home showed signs of wear and tear which made it difficult for housekeeping staff to ensure the environment was cleaned effectively. A refurbishment plan was already in place and underway.

The requirement has been met.

In addition within 72 hours you must submit an action plan to the lead inspector which details how you will achieve the following:

- a. care plans reflect residents' current needs, their anticipated needs and how staff should support this.
- b. all people have a clean, undamaged mattress.
- c. all people are supported by the correct numbers of staff.
- d. people are supported by staff who can demonstrate the necessary skills and knowledge. This would prioritise initially IPC then care recordings and dementia.

The plan must identify clearly the responsible person for each action and timescales for achievement.

Action taken:

An action plan was developed and submitted to the lead inspector the following day. This identified who would be responsible for making the improvements and within appropriate timescales. There has been a further updated action plan submitted following the feedback after the second visit.

This requirement has been met.

Requirements

1. In order to ensure residents have their support and care needs fully met the provider must ensure there are adequate numbers of staff on all shifts by 5 March 2021.

This is to ensure care and support is consistent with the Health and Social Care Standard 3.15 which states 'My needs are met by the right number of people.'

It is also necessary to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. In order to ensure people experiencing care are appropriately protected the provider must ensure adequate cleaning of the environment and equipment by 5 March 2021.

In order to achieve this the provider must:

- develop a detailed deep cleaning schedule and implementation of this.
- all domestic staff to complete training in the correct use of cleaning products.
- domestic senior to complete additional training and have time to adequately supervise domestic staff.
- ensure all equipment is effectively cleaned with a focus on frequently touched surfaces using appropriate products.
- ensure good standards of cleanliness are maintained by implementing regular audits of environmental and equipment cleanliness.
- re-useable care equipment must be robustly decontaminated after each use.
- declutter of PPE rooms and sluices.
- the management team should have a clear overview of standards of hygiene and cleanliness within the home.

This should be done in accordance with all appropriate Public Health guidance and Health Protection Scotland guidance of 31 December 2020 Version 2.1 entitled "COVID-19 Information and Guidance for Care Home Settings."

This is to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. In order to ensure staff are working safely the provider must ensure all staff wear appropriate face masks by 5 March 2021.

This should be done in accordance with all appropriate Public Health guidance and Health Protection Scotland guidance of 31 December 2020 version 2.1 entitled "COVID-19 Information and Guidance for Care Home Settings."

This is to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. In order to ensure people experiencing care are supported by a staff team who are competent and skilled the provider must by the 5 March 2021 provide relevant training.

In order to achieve this the provider must:

- ensure all staff have completed training in COVID-19 specific infection prevention and control, support in correct hand hygiene and use of personal protective equipment (PPE)
- ensure all staff are observed in the use of PPE and correct hand hygiene.
- ensure staff have training in recording of daily records.
- ensure all staff have dementia training at a level suitable to their role.

This should be done in accordance with all appropriate Public Health guidance and Health Protection Scotland guidance of 31 December 2020 version 2.1 entitled "COVID-19 Information and Guidance for Care Home Settings."

This is to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to comply with Regulation 15b ensure that persons employed in the provision of a care service receive (i) training appropriate to the work they are to perform. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. Daily oral health charts should be monitored to identify any issues.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me.'

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 is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's outcomes and wishes	2 - Weak

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	2 - Weak
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	2 - Weak

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