

Arcadia Gardens Care Home Service

Kerr Drive
Bridgeton
Glasgow
G40 2QS

Telephone: 0141 550 0072

Type of inspection:
Unannounced

Completed on:
27 January 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300643

About the service

Arcadia Gardens Care Home was registered with the Care Inspectorate in 2011 to provide a service to 72 older people. The provider is HC- One Limited.

The home is situated in the Bridgeton area of Glasgow and is near to public transport facilities. There is a car park to the front of the building and each unit has access to an enclosed garden area.

The building is purpose-built with all accommodation at ground level and divided into three separate units:

McQueen unit - 24 older people

Lindsay unit - 24 older people living with dementia

Bruce unit - 24 older people.

Each unit provides communal lounge/dining rooms and single bedroom accommodation with en-suite toilet facilities.

At the time of the inspection the McQueen unit was providing eighteen places for people who were previously in hospital but were not yet well enough to return home.

There were 55 residents using the service during our inspection.

The provider's mission statement is:

"Our company is built on the principles of involvement, accountability and partnership. We want HC-One homes to be the kindest homes in the UK with the kindest and most professional staff, where each and everyone matters and each and everyone can make a difference".

What people told us

During the inspection we telephoned six relatives and spoke with nine residents. Comments about the quality of the home and the staff were mostly positive. Comments included:

"I like the staff, they will always help me when I need it"

"I like to get up early, staff make me tea when I am up".

Residents were observed to be enjoying their lunch, general comments about the quality of the food was positive.

Some residents told us that they had a Burns night the night before and enjoyed the Haggis.

"The staff do their best given the circumstances. You cant get into visit but have had window visits in better weather"

"We are very happy with the care of our relative, the staff are very helpful and will call you up if there are any issues"

"Only been in the home for a few weeks but seems to be going ok. I feel reticent in asking for a more formal means of communication - it seems to be a bit ad hoc - maybe needs a more proactive approach, say maybe a 15 minute slot on a particular day so that we can use facetime or skype".

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 do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

The health and wellbeing needs of the people being supported were being met to an adequate standard. We decided this after we spoke with people experiencing the service, their relatives, external healthcare professionals and staff. We also looked at personal plans, risk and health assessments.

People were able to connect and keep in touch with their family and friends through a range of methods including window visits, phone calls, social media. This ensured relatives were kept up to date with their loved one's wellbeing and developments within the home.

The activity coordinator had commenced a qualification in providing meaningful activities. This would help improve her knowledge in providing the range of activities for people with cognitive and physical disabilities. The part time activity worker was available at weekends to provide group activities to people. Personal plans contained some information of people's interests and what matters to them. For example, the activity worker knew that it was important for some people to attend Mass as often as they could. She had arranged for a variety of video streamed Masses locally and around the world throughout the week. We noted that the majority of the activities were group focused and there was some evidence of one to one activities taking place. We were not confident that a full time and a part time activity worker had sufficient time to provide individual meaningful one to one activities that would meet people's personal outcomes. We did not observe care staff being involved in providing activities with people during our inspection. We would consider involvement with activities being part of a care worker's role. Work to improve the content of activity plans should be included in the development of the personal plans. (See area for improvement 1.)

Incidents and accidents were reported when needed, and actions taken showed that people were supported to feel safe. This included updating risk assessments and care plans to guide staff practice, based on current needs. People's safety was protected by the service working closely with health professionals to reduce the risks and incidents of falls.

Staff were kept informed of people's changing needs and any risks by effective communication at the change of shift reports. This made sure that staff had relevant information to enable them to support people appropriately.

There had been some concerns highlighted about the way the service managed skin care including recording and alerting health care professionals. We saw that improvements had been made in people's skin care assessments and wound treatment plans. Staff were aware of the importance of ensuring people had enough to eat and drink that promoted healthy skin and wound healing. Feedback from visiting health care professionals was positive about the improvements in the ways staff managed and communicated changes in people's skin care.

There was an outstanding requirement regarding the management and clinical leadership of agency staff, including communicating and escalating concerns about individuals' care and support needs. Staff were more aware of the criteria for escalating healthcare concerns to the management team. This ensured that when people's health deteriorated early intervention was taken by staff to seek medical assistance. Individual health and wellbeing needs were discussed at staff handover and flash meetings. Senior staff ensured a GP visit was requested if there were any concerns. This outstanding requirement had been met.

The way staff support people experiencing stress and distress could improve. Personal plans contained limited detail of person-centred strategies to manage an individual's stress and distress. Emphasis was placed on the use of psychoactive medication to alleviate distress. Overuse of this medication can have a detrimental effect on the person's health and wellbeing and increases the risk of over sedation causing drowsiness and detriment to their quality of life. Staff must ensure that the support is person centred and considers all alternative interventions to help reduce stress and distress before the use of medication. (See requirement 1.)

Requirements

1. By 15 March 2021 the provider must ensure that people experience support for stress and distress that is reflective of good practice. In order to achieve this, the action you take must include but not be limited to, the following:

- (a) care plans must contain person-centred strategies to manage a person's stress and distress;
- (b) evaluations of care plans and risk assessments that are in place to reduce stress and distress, must show regular review of these and the use of medication to support better outcomes for people; and
- (c) quality checks on care plans and risk assessments that are in place to reduce stress and distress, must demonstrate that they are reflective of current good practice.

This is to ensure that Wellbeing is consistent with the Health and Social Care Standards, which state: 1.12 and 1.15, 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change', (HSCS 1.12) and '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', (HSCS1.15).

Also to comply with Regulation 4(1)(d) Welfare of users and Regulation 5 (1) (2) (iii) Personal Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. In order to ensure people have access and opportunities to experience meaningful activities, the manager should review care staff roles and remit to include one to one key worker time to provide meaningful activities.

This ensures Wellbeing is consistent with the Health and Social Care Standards, which state that: '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)

How good is our leadership?

3 - Adequate

The service was performing to an adequate standard in relation to this key question.

People should have confidence that the service and organisation that they use are well led and managed. Comments received from residents, relatives, and staff were positive about the manager of the service and the staff. We found the manager to be open and responsive and motivated to make improvements in the service that would promote good outcomes for residents.

Systems were in place to monitor the quality of staff practice and resident care through audits and any compliments or complaints received. The management team responded and acted on any comments or complaints raised by people experiencing the service or their relatives. People's health care needs benefitted from the clinical audits as improvement was noted in people's skin care and nutritional health. This ensured people could be confident in staff and management and the service had a culture of continuous improvement with robust quality assurance processes.

The management team had identified aspects of the service that required improvement. It was good to see that protected time had been put in place to improve systems and ways of working. Personal plans were more detailed and had been regularly updated. Staff were actively using personal plans to inform and guide how people were supported. People and their families had been involved in the development of their health and care assessments.

We had concerns that the service has had four changes of manager within the last two years. Frequent changes of management can lead to a lack of stability. It also impacts on the ability of the service to identify, make and sustain improvement.

Action plans from 'lessons learned' were in place arising from adult support and protection activity. As part of the work from the 'lessons learned', it should show an ongoing overview of managing early risk indicators to prevent poor outcomes for people. Quality assurance should improve to be more proactive to demonstrate effective monitoring and sustainability. People who experience the service, relatives and external stakeholders' views should be sought on the quality of the service and ways to improve it. We directed the manager to the Care Inspectorate's Self Evaluation for Improvement' guide. The examples of good practice on seeking people's views within the guide would help inform the improvement plan. There was an outstanding area for improvement which had not been met. (See area for improvement 1.)

Areas for improvement

1. In order to ensure that the quality of the service improves outcomes for residents, the manager should ensure that the organisation's quality assurance processes including the follow-up of accidents and

incidents and responses to complaints continue to involve residents, relatives and staff and demonstrate how outcomes for people have improved as a result.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I can be meaningfully involved in how the organisations that support and care for me work and develop'. (HSCS 4.6)

How good is our staff team?

4 - Good

The service was performing to a good standard in relation to this key question.

Staff reported that they felt there were sufficient staff on duty to support residents and meet their care needs. People being supported and their relatives told us that they felt the staff "did a good job" and were kind and friendly.

Dependency tools in use indicated there were sufficient staff to meet people's needs. Staffing numbers were reviewed when people's needs changed, for example when people were experiencing high levels of stress and distress. However much of care staff time was taken up providing care tasks and we did not see much evidence of care staff being involved in meaningful activities. The staff and management should look at their ways of working, roles and remits to enable more one to one activities to take place.

Staff supported individuals in an unhurried and dignified manner. Staff teams were well organised and were aware of their duties and responsibilities for the day. This ensured work was prioritised to support people's individual needs.

Staff had opportunities to access eLearning training modules which ensured that they kept their knowledge and practice up to date. Staff had undertaken prevention infection and control training and they were knowledgeable of best practice including the use of PPE. This ensured staff working practices were safe and prevented people living in the home from harm.

It was good to see that recruitment areas identified at previous inspections had improved. The service recruitment and induction practice adhered to current best practice guidance. This ensured that people could be confident that the organisation and management team safely recruit staff and that they are protected from harm. Staff had a clearer understanding of their roles and responsibilities .

The service continued to rely on the use of agency nursing staff due to the difficulty in recruiting permanent nursing staff. To provide continuity in McQueen unit the same agency nurse was on shift three days per week. We considered this as an improvement to the communication and continuity within the unit which promoted good outcomes for people.

The service continued to actively recruit nursing and social care staff. We were informed that five new social care staff were due to commence in the near future which would help reduce the need for agency staff and provide staffing consistency and continuity for people experiencing the service.

How good is our setting?

3 - Adequate

The service was performing to an adequate level in relation to this key question.

People told us that they generally liked their environment and were happy to spend time in their room and in lounges. Staff assisted people to maintain social distancing in lounges and dining areas. This helped reduce the risk of infection for people living in the home and staff.

The service had taken good action following a visit from a Practice Development Nurse to improve the arrangements for the storage and availability of PPE (personal protective equipment). Staff were observed to be adhering to the guidance and procedures for prevention and infection control. This meant that staff had better access to PPE and reduced the risk of cross infection.

Some areas of the service had been refurbished within the last year. However, the Lindsay unit was tired looking and would benefit from some redecoration including the lounge and corridors. There was an outstanding area for improvement from our inspections regarding the involvement of residents and relatives to make the environment more dementia friendly. This work was yet to take place due to the current pandemic. Residents would benefit from this work taking place as it would assist with their orientation within the unit and help reduce stress and distress. Therefore this area for improvement has been repeated. (See area for improvement 1.)

People told us and we noted from personal plans that people would like to go outside and use the garden. This was not possible as the refurbishment work to the garden had not yet taken place. This was also partially due to the current pandemic. As a result, people had reduced opportunities to go outside for fresh air and exercise. This was an outstanding area for improvement which had not been met and is repeated. (See area for improvement 2.)

Areas for improvement

1. In order to ensure that the home's environment enables all residents to live a meaningful and fulfilled life, the manager should:
 - Continue to involve residents and relatives in its development.
 - Ensure that the home's environment is developed in line with best practice guidance for people living with dementia or cognitive impairment.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS 5.16)

2. In order to ensure that people have access to the garden and use of the quiet areas the manager should:
 - Ensure repairs to the glass in the garden room and the wooden ramp to the garden is repaired or replaced.
 - Continue with work to develop the garden areas.
 - Encourage, staff, residents and relatives to use the quiet areas and the café area to promote, privacy, wellbeing and meaningful activities.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: '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), 'I can choose to spend time alone'. (HSCS 1.26) and 'If I live in a care home, I can use a private garden,' (HSCS 5.23).

How well is our care and support planned?

3 - Adequate

The service was performing to an adequate level in relation to this key question.

The management team and staff had made progress in developing people's personal plans for example skin and wound treatment plans were detailed and regularly updated to reflect any changes. However, staff were not always recording the positive outcomes people experienced as a result of support provided by them. This meant that this information could be missed and not reflect the care and support being delivered on a daily basis.

The service had developed COVID-19 personal plans to support people during the pandemic. There were short term personal plans in place which showed the service responded well to people's changing needs. People's and their relatives views were sought on the quality of the care they received at review meetings. We could see actions being taken as a result of the feedback from reviews.

Some language used in personal plans did not reflect a person centred ethos or reflect best practice in supporting people who experience stress and distress. The management team told us that work to improve personal planning was being developed which would promote person centred values. This was an outstanding area for improvement from the last inspection and is repeated. (See area for improvement 1.)

We noted that staff had undertaken work to improve palliative care and end of life care plans. We could see that people experiencing the service and their relatives including those with Power of Attorney and Guardianship had been consulted on their end of life wishes. This reassured people that their wishes were valued and respected. The manager told us work continued to develop end of life care and was being included as part of the personal plan reviews. There was an outstanding area for improvement which had been met.

Areas for improvement

1. In order to ensure that people receive care and support which is personal to them, the manager should ensure that care records reflect a person-centred and outcome focused approach. Care reviews should also help to identify future plans and goals including any planned interventions and outcomes to manage stress and distress. The manager should monitor via the quality assurance tools and the service improvement plan.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions,' (HSCS 2.11).

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

Requirements

Requirement 1

To ensure people using the service receive responsive care and support the provider must:

- ensure there is robust clinical leadership provided to all staff including agency staff. Staff, including agency staff, must have sufficient information about an individual's care and support and be aware of the criteria for escalating concerns to management at daily briefings.
- review the procedures for requesting a professional visitor including the General Practitioner and ensure that all staff including agency staff are aware of these procedures.

To be completed by: 24 November 2020 extended to 31 December 2020.

This is to ensure care and support is consistent with Health and Social Care Standards which state that: 'I am assessed by a qualified person, who involves other people and professionals as required (HSCS1.13).

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)

This requirement was made on 15 September 2020.

Action taken on previous requirement

This requirement had been met, see key question 1, 'How well do we support people's wellbeing'.

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

People should be consulted and supported with end of life care planning and should include their representatives if required.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'I am supported to discuss significant changes in my life, including death and dying, and this is handled sensitively' (HSCS 1.17); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'. (HSCS 2.12).

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement had been met, see key question 5 'How well is our care and support planned'.

Previous area for improvement 2

In order to ensure that there are sufficient staff to support people's needs, including psychological and social needs, management should review staffing numbers during the afternoon and evening, with particular emphasis in Lindsay unit.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'My needs are met by the right number of people'. (HSCS 3.15)

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has been met, see key question 3 'How good is our staff team'.

Previous area for improvement 3

in order to ensure that people spend their day doing what they enjoy and want to do, the manager should ensure that staff receive relevant training and development to deliver more meaningful activities.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

'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);

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

'I can maintain and develop interests, activities and what matters to me in a way that I like'. (HSCS 2.22)

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has been met, See key question 1 'How well do we support people's wellbeing'.

Previous area for improvement 4

To ensure people using the service receive responsive care and support the provider needs to take steps to:

- improve staff competency at assessing and developing care plans in relation to falls management; and
- ensure care plans give clear direction to staff on what measures to take to minimise the risk of falls.

This is to ensure care and support is consistent with Health and Social Care Standard 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.

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has been met, see key question 1 'How well do we support people's Wellbeing'.

Previous area for improvement 5

In order to ensure that there are sufficient staff to support people's needs, management should review staffing numbers during the day in Lynsey unit and in Bruce unit during the night.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

'My needs are met by the right number of people'. (HSCS 3.15)

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has been met, see key question 3 'How good is our staff team'.

Previous area for improvement 6

In order to ensure that all staff are safely recruited to keep residents protected from harm and in line with best practice guidance, 'Safer Recruitment Through Better Recruitment', the manager should ensure that all staff have:

- reference(s) from the most recent employer; and
- a risk assessment of any information which is highlighted through self-declaration or enhanced disclosure.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has been met, see key question 3 'How good is our staff team'.

Previous area for improvement 7

In order to ensure that people have access to the garden and use of the quiet areas the manager should:

- ensure repairs to the glass in the garden room and the wooden ramp to the garden is repaired or replaced;
- continue with work to develop the garden areas; and
- encourage, staff, residents and relatives to use the quiet areas and the café area to promote, privacy, wellbeing and meaningful activities.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

'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);

'I can choose to spend time alone'. (HSCS 1.26); and

'If I live in a care home, I can use a private garden'. (HSCS 5.23)

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has been met, see key question 4 'How good is our setting'.

Previous area for improvement 8

In order to ensure that people receive care and support which is personal to them, the manager should ensure that care records reflect a person-centred and outcome focused approach. Care reviews should also help to identify future plans and goals including any planned interventions and outcomes to manage stress and distress. The manager should monitor via the quality assurance tools and the service improvement plan.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change'. (HSCS 1.12); and

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'. (HSCS 2.11)

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has not been met, see key question 2 'How good is our leadership'.

Previous area for improvement 9

In order to ensure that the home's environment enables all residents to live a meaningful and fulfilled life, the manager should:

- continue to involve residents and relatives in its development; and
- ensure that the home's environment is developed in line with best practice guidance for people living with dementia or cognitive impairment.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS 5.16)

This area for improvement was made on 10 March 2020.

Action taken since then

This area for improvement has not been met, see key question 4 'How good is our setting'.

Previous area for improvement 10

In order to ensure that the quality of the service improves outcomes for residents, the manager should ensure that the organisation's quality assurance processes including the follow-up of accidents and incidents and responses to complaints continue to involve residents, relatives and staff and demonstrate how outcomes for people have improved as a result.

This ensures care and support is consistent with the Health and Social Care Standards, which state that:

'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 10 March 2020.

Action taken since then

This area for improvement has not been met, see key question 2 'How good is our leadership'.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing levels are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's outcomes and wishes	3 - Adequate

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