

Douglas View Care Home Care Home Service

William Street
Hamilton
ML3 9AX

Telephone: 01698 459 099

Type of inspection:
Unannounced

Completed on:
25 March 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300687

About the service

Douglas View Care Home is a care home service registered to provide care and support to a maximum of 100 service users. A maximum of 84 older people with a further 16 places for adults who have alcohol related brain damage.

The service is located in Hamilton and is close to local facilities and transport links. The home is over two levels with a passenger lift between floors.

The service states their aims and objectives to be, among others, "We the provider shall meet all of your assessed needs in relation to accommodation, meals, activities, support, care including where applicable nursing care".

This inspection was carried out by two inspectors from the Care Inspectorate. It was a follow-up inspection focusing on the requirements laid out in the inspection report dated 19 February 2021.

What people told us

We spoke to several people who live in the service during the inspection. Cognitive impairment limited the responses we received but we were told; "the carers are mostly good," "the food leaves a lot to be desired at the moment," "I had a nice dinner but it isn't always so nice." We spent some time during the inspection observing people in the different units within the home and how staff interacted with them. We found people generally relaxed and comfortable around staff.

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 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

Since the last inspection the care service had, with the support of South Lanarkshire Health and Social Care Partnership, completed an audit of all care plans. This met the first part of the requirement made at the last inspection.

We sampled plans from Almada, Avon and Cadzow units. We looked at plans where people had various health conditions such as; diabetes, skin integrity and oral hygiene issues.

This allowed us to assess if information recorded was consistent and appropriately monitored. We found an improvement in how information was being recorded, we also saw that additional checks for diabetes, wound management and oral hygiene had been introduced. Which met the second part of the requirement made at the previous inspection.

The service had reviewed their critical risk register to make it more of a working document which influenced priorities in the home. Previously it did not do this as it was only updated monthly. This had not been fully embedded in practice. It will remain an area for improvement in this report and we will assess its effectiveness during our next inspection. (See area for improvement one)

While the service had made improvements with how it assessed and monitored health needs, further work is needed to ensure these are communicated between shifts. We discussed examples with management where it was unclear who was responsible for following actions through to their completion. Without improved communication it is possible that something important could be missed. (See area for improvement two)

Areas for improvement

1.
The provider should ensure that the critical risk register is a dynamic, working document by updating it whenever individuals' needs change.

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

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14) and

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18)

2. The provider should improve the system of monitoring actions relating to care needs, (such as making appointments, taking blood, seeking advice).

- It must be clear, how responsibility for following up an action is passed from one shift to another, until the action is completed.

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

"My care and support is consistent and stable because people work together well." (HSCS 3.19)

How good is our leadership?

3 - Adequate

Following the previous inspection the service met with representatives of South Lanarkshire HSCP weekly to discuss adult support and protection issues (ASP). Holding these regular discussions helped the service recognise the need to notify the Care Inspectorate timeously. This requirement was met.

The service introduced additional quality assurance checks over the last month to improve areas where monitoring had previously slipped. New wound trackers had been introduced, diabetes care plans were being monitored, care review action plans were being monitored as were referrals to outside professionals.

Improved quality assurance should ensure people receive the continuity of care that they need, while errors should be quickly identified by staff within the home. For example, recent medication errors were identified within the units which allowed management to develop plans to support staff involved to reflect and improve on this aspect of their practice.

At the previous inspection there had been a culture of passing responsibility to the manager. We could see that the new manager had tried to change this.

We saw from minutes of various meetings that the manager had recently met with groups of staff to discuss issues within the home and ways to improve it. There was an area for improvement around this in the last inspection report. We will review this at the next inspection to see what impact regular opportunities to meet with management have had on staff and the service. (See area for improvement one)

Staff supervision had recommenced; we could see that a plan to roll out supervision on a three monthly basis was in place. We will review at the next inspection if this plan has been carried out, and what effect it has had on staff and the service. (See area for improvement two)

During the last inspection we highlighted it was difficult within the minutes of meetings to see who was responsible for taking actions forward. Subsequent meetings did not cover the actions from the previous ones, making it unclear who was accountable for following actions through to completion. This was still the case in the minutes of some meetings we saw. It would help to build the culture of accountability if meetings clarified this issue. (See area for improvement three)

Areas for improvement

1.
To improve communication systems, the provider should ensure that staff have the opportunity to meet with managers, as a group, to discuss and reflect on organisational and practice issues.

This is to ensure care and support is consistent with the Health and Social Care Standards 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) and

"If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity." (HSCS 4.17)

2. All staff should receive formal and regular supervision underpinned by reflection, support and development opportunities. An individual development plan and objective setting would be beneficial.

In addition, a supervision plan for the staff group should establish the frequency of meetings and raise awareness about what staff should expect. The supervision plan and schedule should be reviewed as part of the quality assurance systems.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 provider should review how meetings are recorded to ensure it is clear who is responsible for carrying out agreed actions and how these will be recorded at subsequent meetings.

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)

How well is our care and support planned?

3 - Adequate

Following the last inspection the service has completed an audit of care plans to ensure information within them is accurate and consistent throughout. The service now needs to improve the general standard of care plans within the home.

We found the layout of care plans made information harder to find than it would otherwise be if they were laid out well. Some care plans had a clear index in them with relevant records in each section, most that we sampled did not. Staff need to ensure that all care plans have a suitable index to assist finding the right information when required. (See area for improvement one)

We noted that there were a lot of people on monitoring charts for various aspects of their health. It was not always clear why this was the case. For people's dignity, aspects of health should only be monitored on an individual basis, when there is a sound reason for doing so. Checks during the night should be carried out on a needs basis also, taking into account individual wishes. (See area for improvement two)

The service has improved information about individuals on its hand-over sheet within the units. Other services have found it has proved beneficial for new and unfamiliar staff if a shortened care plan, often referred to as a 'one page profile,' is completed for each resident. (See recommendation three)

Areas for improvement

1. The provider should improve the lay out of care plans in order that pertinent, up-to-date information about someone can be easily found.

This should include;

- a clear index at the start of the folder
- a regular audit of the plan to ensure that its information is up-to-date
- regular archiving of any out of date information.

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

"I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me." (HSCS 3.13)

2. Monitoring charts should be individualised. It would help this process, if on charts it was clear;

- The reason something is being monitored,
- For how long the monitoring should go on,
- When action is required to be taken as a result of what is being monitored.

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

"I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me." (HSCS 3.13)

3. The provider should develop the summary information it has about people in its care to help guide new and unfamiliar staff when working with people.

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

"I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.15)

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

Requirements

Requirement 1

The provider must ensure that people have a plan that effectively guides staff providing their care and support. In order to ensure this by 19th March 2021 the provider must;

- Have a completed audit of all care plans.
- This audit must inform the associated risk based action plan that prioritises the order of care plan review.
- Triggers for seeking external professional support must be clear and followed up appropriately.

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

" am assessed by a qualified person, who involves other people and professionals as required." (HSCS 1.13) 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) and

This is also in order to comply with Regulation 4 (1) (a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 10 March 2021.

Action taken on previous requirement

The service completed an audit of care plans within the timescale specified. This was assisted by social work staff carrying out care reviews of all residents within the home and additional management support from HC-One.

The order audits were carried out was prioritised on a risk basis, given what was known about individual's needs.

The service has improved clinical discussions and monitoring of issues like diabetes, skin integrity, falls and stress and distress. Which clarified when external professional support was required.

Met - within timescales

Requirement 2

By 19 March 2021 the service provider must ensure improvement in the identification, oversight, recording and reporting systems to ensure compliance with legal responsibility. The provider must submit relevant and prompt notifications to the Care Inspectorate in line with legislation and notification guidance.

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

"I use a service which is well led and managed." (HSCS.4.23);

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18); and

This is also in order to comply with Regulation 4 (1) (b) Records, notifications and returns The Social Care and Social Work Improvement Scotland (Requirement of Care Services) Regulations 2011 (SSI 2011/28).

This requirement was made on 10 March 2021.

Action taken on previous requirement

The service met weekly with social work to review any issues raised as adult support and protection and discuss what action had been taken. This included ensuring that the Care Inspectorate was notified.

In general the provider has reviewed the quality assurance systems in place and made relevant improvements around identification and oversight of issues affecting people within the home.

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 provider should ensure that the critical risk register is a dynamic, working document by updating it whenever individuals' needs change.

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

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14) and

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18)

This area for improvement was made on 19 February 2021.

Action taken since then

The provider reviewed its risk register following the previous inspection making the document more reflective of the current needs of the people living within the home.

This is an area which has not had time to be fully embedded in practice within the home and so will be reiterated in this report and reviewed at the next inspection.

Previous area for improvement 2

The provider should review quality assurance systems to ensure clear accountability and responsibility for agreed actions. It should be clear who is responsible for ensuring actions have been completed.

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)

This area for improvement was made on 19 February 2021.

Action taken since then

This is something that the service has begun to work on and we could see an improvement in the way staff were accountable for issues related to people within the units they worked. However the systems to support this need further development. For example it remains unclear how an action is followed through to completion from day to day when staff on duty change.

Previous area for improvement 3

To improve communication systems, the provider should ensure that staff have the opportunity to meet with managers, as a group, to discuss and reflect on organisational and practice issues.

This is to ensure care and support is consistent with the Health and Social Care Standards 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) and

"If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity." (HSCS 4.17)

This area for improvement was made on 19 February 2021.

Action taken since then

The manager met with most groups of staff individually following the last inspection however it is an area which has not had time to be fully embedded in practice within the home.

Therefore it will be reiterated in this report and reviewed at the next inspection.

Previous area for improvement 4

All staff should receive formal and regular supervision underpinned by reflection, support and development opportunities. An individual development plan and objective setting would be beneficial.

In addition a supervision plan for the staff group should establish the frequency of meetings and raise awareness about what staff should expect. The supervision plan and schedule should be reviewed as part of the quality assurance systems.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 19 February 2021.

Action taken since then

The service had begun to restart supervision sessions with staff at the last inspection. This was progressed to plan supervision for all staff for the year ahead however this is another area which has not had time to be fully embedded in practice within the home.

Therefore it will be reiterated in this report and reviewed at the next inspection.

Previous area for improvement 5

The provider should develop the summary information it has about people in its care which helps to guide new and unfamiliar staff in carrying out their roles.

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

"I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.15)

This area for improvement was made on 19 February 2021.

Action taken since then

Following the last inspection the service rightly prioritised auditing care plans to ensure the information within them kept people safe. The service has not had time to develop summary care plans but has improved on the information within their handover sheets.

Summary care plans or "one page profiles" as they are often referred to would give staff who were new or unfamiliar with people in the home a quick understanding about what was important to know when supporting them.

This area for improvement will be reiterated in this report and reviewed at the next 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 well do we support people's wellbeing?	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 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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