

## Spiers Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 June 2021

**Service provided by:**  
Silverline Care Caledonia Limited

**Service provider number:**  
SP2014012299

**Service no:**  
CS2014326143

## About the service

Spiers Care Home is registered to provide a care service to a maximum of 45 older people. Within the maximum of 45 places above two places can be provided for named individuals under the age of 65 years. The provider is Anavo Care Group Limited.

At the time of this inspection there were 41 people living in the home.

The home is in the centre of Beith (North Ayrshire) and is close to local amenities and transport links.

Accommodation is located on the ground floor and is built around a central courtyard, garden area. All the bedrooms are single, with ensuite facilities. There are three units. Each has a lounge/dining area. There is a small therapy/relaxation room and a hairdressing salon. There is also a café room, used mainly for visitors. The accommodation on the upper floor is used only for staff for training and administration.

Aims from the service include:

To provide a high quality of care for our residents giving families peace of mind creating a community spirit sharing ways to achieve excellence.  
providing a great place to work and thrive."

This was an unannounced inspection by two inspectors to evaluate how well people were being supported. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care.

## What people told us

To gain the views of people using the service we spent time speaking to six residents during the inspection visit and we consulted with four relatives.

People using the service said that they were happy with their care and spoke positively of the staff, the meals, activities and the environment.

Comments included:

"Happy to move about, can speak to staff if needed."

"Love living in here, nothing needs improved."

"If I don't like the meals have options to choose something else."

An inspection volunteer supported this inspection, they are people who have first-hand experience of care services. They spend time speaking with people to gain their views. We made telephone contact with relatives to gather their views on how the service was communicating with them and supporting them to stay in contact with their loved ones.

All people spoke highly of the effort made by staff to keep them informed daily of the wellbeing of their family member. Relatives told us that their family members liked the staff, activities, and the food. We were told that communication was good, and visiting was flexible to meet people's needs.

Comments included:

"Not really anything they could do more."

"Happiest they have been in a long time. Relative looks well no input that have needed health input."

## 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?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

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

## How well do we support people's wellbeing?

**4 - Good**

We found the number of strengths in this area outweighed the areas for improvement. We concluded the performance of the service in this area to be good.

People living in Spiers Care Home experienced compassion, dignity and respect. We observed staff using their knowledge and skills to deliver care and support in a compassionate way with warmth and kindness.

Staff were seen to spend time sitting speaking with people. This helped reduce stress/distress by staff offering reassurance when people appeared anxious. However, in contrast to the positive values consistently seen, some information regarding people's needs were on view. We requested this to be stored appropriately. (See Area for Improvement 1).

People told us that they were involved in decisions made about both individual and group activities. This reflected their interests and their choices. Each unit had a lot of energy as people were fully engaged with the well-planned activities. This meant that people were kept active and stimulated. Care plans for meaningful activity showed that outcomes were being met for people. These took place whilst adhering to social distancing guidance.

The service was following Scottish Government 'Open with Care' guidance to support visiting. This included indoor visiting in line with people's wishes and trips outside of the home. Relatives and people living in the home spoke of the positive impact that this had on their wellbeing. People told us that communication from the service during "lockdown" was very good. This meant that people were kept informed and had prevented people from becoming socially isolated.

People's health was maintained by getting the right healthcare from the right person at the right time. Referrals were made to other health and social care services for intervention when required. Good person-centred information was documented and unique records for individuals with positive use of language demonstrated clear insight into people's history, personality, likes and dislikes. This informed staff with their daily work. Mealtimes are an important part of a day, residents told us that this information included meals and drinks that meets their needs and wishes. The meals we observed were well presented and looked appetising. Due to current requirements for social distancing, there were changes made to the dining arrangements which the service was managing well.

One person living in the home told us how sensitively staff had supported her following a covid-19 positive result, she said that over this time communication from staff had been reassuring to her. Anticipatory care plans were also in place to ensure individual wishes were clearly carried out.

An Area for Improvement from the previous inspection identified an issue for people living in the home to pay for services like hairdressing etc. The manager agreed a timescale within the service's improvement plan to address this. (See Area for Improvement 2).

## Areas for improvement

1. The provider should ensure that all staff maintain people's right to privacy and remove any personal information from notice boards relating to support needs.

This is to ensure care and support is consistent with Health and Social Care Standards which state: 'My human rights are protected and promoted and I experience no discrimination.' (HSCS 1.2).

2. The provider should ensure that:

- residents' money is held in an interest-bearing account and a system is in place; and
- interest accrued in the account is distributed to individuals proportionately and residents are able to access their money at any time.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5).

## How good is our care and support during the COVID-19 pandemic?

4 - Good

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

We evaluated how well infection control practices supported a safe environment for people experiencing care and also staff. We found the number of strengths in this area outweighed the areas for improvement. We concluded the performance of the service in this area to be good. However, improvements were needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

We found good levels of cleanliness throughout the home and the environment was fresh. Mattresses, chairs, tables, and all care equipment checked were in good order and clean. We found that some bed sheets needed to be checked and changed more often to ensure they were clean, fresh, and free of stains. (See Area for Improvement 1).

There were enhanced daily cleaning schedules in place and appropriate cleaning materials were being used in line with guidance. These included frequently touched surfaces, such as door handles and handrails. This ensured that standards of cleanliness were maintained and the risk of infection for people experiencing care was reduced.

Protective personal equipment (PPE) stations were located throughout the home and were well stocked. We saw that staff wore PPE in line with Health Protection Scotland guidance and clinical waste was managed and disposed of appropriately. Communal areas, bedrooms and bathrooms were clear and free from clutter and equipment. This made the home easier to keep clean. There were appropriate measures in place to maintain social distancing and support people to move around safely, thus reducing the risk of cross infection.

Laundry was managed well which minimised the risk of cross contamination. There was a range of auditing and quality assurance measures in place that focussed on infection control; these ensured that practice adhered to current guidelines and helped promote a safe environment.

Overall, people experiencing care could feel confident that the service was reducing the risks of infection throughout the home.

### 7.3 How good is our staff team?

We reviewed how good the staff team were. We found the number of strengths in this area outweighed the areas for improvement. We concluded the performance of the service in this area to be good.

Staff should have the right knowledge and competence to care for and support people and staffing levels should meet people's needs, with staff working well together. The manager carried out monthly dependency assessments and we viewed these within people's care plans, this ensured that people experiencing care benefited from the right staffing levels.

Staff worked in a caring and sensitive manner. Staff told us they worked well as a team. People we spoke with during the inspection told us that staff treated them well. Small group living meant that staff could respond promptly when people asked for help. Staff told us they understood their role and responsibilities in relation to protecting people, this reduced the risk of people experiencing harm.

Conversations with staff highlighted how important team working was to them and the support they had provided to each other during the pandemic. We spoke with new staff who also spoke positively about their induction to the service.

Staff told us they completed training and we observed improved practices noted from previous inspection visits. Staff completed refresher training to ensure they continued to be equipped with the necessary skills and knowledge required.

Staff had completed training on COVID-19 and infection prevention and control. Oversight of staff practice had been implemented to further monitor infection prevention and control practices within the home. PPE was available and staff were observed to use this correctly. The effectiveness of training should continue to be monitored via observing staff practice and supervision sessions. Staff practiced good hand hygiene and had access to hand washing facilities and alcohol-based hand rub near the point of care. Throughout the service there was guidance reminding staff how to effectively carry out handwashing and the use of PPE.

## Areas for improvement

1. To always demonstrate that dignity for people living in the service can be achieved, staff should be mindful that all bedding is in a good state, clean and is fit for use.

This is to be in line with the principles of the Health and Social Care Standards which state: '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);

## 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 overall quality of review minutes is improved.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported to use independent advocacy if I want or need this.' (HSCS 2.4); 'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make decisions.' (HSCS 2.11); 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 28 August 2019.**

#### Action taken since then

All people had care plans in place, these were evaluated by the staff team monthly to ensure they reflected people's needs, choices and wishes. We were pleased to see improvements with the evaluations being more outcome focused in the review minutes.

This Area for Improvement had been Met within timescales.

#### Previous area for improvement 2

The provider should ensure that:

- residents' money is held in an interest-bearing account and a system is in place; and
- interest accrued in the account is distributed to individuals proportionately and residents are able to access their money at any time.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5).

**This area for improvement was made on 28 August 2019.**

#### Action taken since then

The provider was unable to prioritise this area as it kept going down their to do list while dealing with the challenges of Covid-19, therefore this Area for Improvement has been repeated.

## Previous area for improvement 3

In order to evidence that the activities and the quality of engagement meet individuals' aspirations and choices and support better outcomes, the provider should:

- improve the quality of records;
- develop better collaborative work between activity staff and key workers -to improve the quality information gathered about individual residents and how they can get the most out of life; and
- evaluate the quality of individual's opportunities to participate in meaningful activities and engagement.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 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 my interests, activities and what matters to me in the way that I like'. (HSCS 2.22).

**This area for improvement was made on 28 August 2019.**

### Action taken since then

The service had an activity team. People who were not attending were encouraged to hear what was going on which was why they kept some of the doors open so that everyone can hear what is happening which encouraged more people to participate. This was very inclusive. We noted from records kept by activity staff that these were recorded well and evidenced what this inclusion and participation meant for people. The use of photographs powerfully reinforced the positive outcomes achieved. This was a highly skilled and motivated team.

This Area for Improvement has been Met within timescales.

## Previous area for improvement 4

The provider should improve aspects of their medication management and continue to develop the person-centred approach to managing people's medication by:

- reviewing the current 'medication round' arrangements to ensure people receive medication to suit their routines and preferences and not the routines of the service;
- improve the quality and accuracy of Topical Application Records; and
- improve the quality of information recorded PRN protocols.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

**This area for improvement was made on 28 August 2019.**

### Action taken since then

Staff generally found the system in place where medication is stored in each bedroom to be person centred, discreet and beneficial for individuals. We found time was reduced from the previous system that medication was administered.



Both residents and staff found the administration of medication to be effective. We were easily able to evidence that people were receiving the level of support as stated in their care plan regarding medication.

This Area for Improvement has been Met within timescales.

#### Previous area for improvement 5

The provider must ensure there are effective quality assurance processes that identify deficits and areas where improvement are required.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: '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 28 August 2019.**

#### Action taken since then

The service had a clear audit system which included previous areas for improvement that had been identified by the care inspectorate. The daily quality assurance systems undertaken also systematically informed the service improvement plan and kept it as a live document. there were clear timeframes to meet each issue identified.

This Area for Improvement has been Met within timescales.

#### Previous area for improvement 6

The provider should develop better teamwork between activity and care staff which would ensure a more cohesive approach to achieving better outcomes for people experiencing care particularly in activity and engagement.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'My care and support is consistent and stable because people work well together.' (HSCS 3.19).

**This area for improvement was made on 28 August 2019.**

#### Action taken since then

See Area for Improvement 3 regarding the effectiveness of activities available, the staff team were also seen to take part where possible with a clear absolute of effective teamwork. We reviewed daily records, and these showed that staff had recorded the daily care activities that had taken place. This provided assurance that activities were being delivered in a consistent way. Monthly reviews took place to evaluate if care plans continued to reflect people's needs. the outcomes achieved were also documented clearly in support plans examined.

This Area for Improvement has been Met within timescales.

## Previous area for improvement 7

The provider should review current staffing levels to ensure there are staff in sufficient numbers at all parts of the day to meet the needs of those experiencing care.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'My needs are met by the right number of people.' (HSCS 4.19).

**This area for improvement was made on 28 August 2019.**

### Action taken since then

The service used a dependency tool to help inform both the numbers and skills needed by staff. this ensured the people who are living in the home could have their needs readily met.

This Area for Improvement has been Met within timescales.

## Previous area for improvement 8

The service should ensure that staffing levels are clearly displayed in the service alongside information on how this was calculated.

This is to ensure that care and support is consistent with Health and Social Care Standards which state: 'My needs are met by the right number of people.' (HSCS 4.19).

**This area for improvement was made on 28 August 2019.**

### Action taken since then

This information was held at the reception area and was visible for all relatives and visitors.

This Area for Improvement has been Met within timescales.

## Previous area for improvement 9

In order to promote the independence of people living in the care home the provider should improve:

- signage.
- the quality of lighting; and
- tonal contrast in rooms and lounges.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11).

**This area for improvement was made on 28 August 2019.**

### Action taken since then

During the two days of inspections, we were impressed by the quality of lighting, the use of colours and they also the effective use of signage throughout the building. This helped to orientate people who lived at the service people moving around the building, this help reduce potential feelings of stress and distress.

Staff were able to demonstrate they were following current guidance this enhanced the homely feel to this service.

This Area for Improvement has been Met within timescales.

#### Previous area for improvement 10

The provider should ensure that people experiencing care have care plans which:

- more clearly reflect personal outcomes and how these outcomes were evaluated.
- ensure that care plans are updated to reflect evaluations of personal outcomes; and
- evidence the involvement of the resident and/or relevant individuals important to them had contributed to the care planning and evaluation process.

This is to ensure 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);

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17); and

'My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected.' (HSCS 1.23).

**This area for improvement was made on 28 August 2019.**

#### Action taken since then

Both the management team and staff team have worked hard to improve record keeping in relation to documenting clearly the positive outcomes achieved. We could see easily from the support plans sampled that the content of outcomes clearly involved the views of people living in this service. Residents told us that this involvement around their views gave them more confidence, for example, achieving better mobility with support from staff when using standing aids, eating better through regular discussions with kitchen staff. These regular meetings have helped shape future service delivery.

This Area for Improvement has been Met within timescales.

#### Previous area for improvement 11

The provider's review process must evidence that;

- residents are involved in the review of their care in a way that is meaningful to them
- relatives/carers/representative, where appropriate, are invited to the review
- any consultations with relatives/carers/representatives who are unable to attend is recorded with the method and date of consultation
- all parties views and decisions recorded
- where the resident has no named representative to attend the review, particularly where there is a legal order in place regarding an individual's capacity, that independent representation is sought to advocate on behalf of the resident
- that the overall quality of review minutes are improved.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I am supported to use independent advocacy if I want or need this (HSCS 2.4) and My views will always be sought and my choices respected, including when I have reduced capacity to fully make decisions (HSCS 2.11) 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 18 September 2018.**

## Action taken since then

There was clear evidence of family input in the review process. These showed that staff had recorded sufficient detail. This provided assurance that care and support was being delivered in a consistent way. Monthly reviews took place to evaluate if care plans continued to reflect people's needs. records held had improved and where possible people who lived at the service had their wishes and needs also identified. the minutes were detailed and included comments from both families and service users, planned outcomes where in place for each part of the care plan.

This Area for Improvement has been Met outwith timescales.

## Previous area for improvement 12

The service should continue to improve and develop the person-centred approach to managing individual's medication by ensuring it is administered in accordance with each individuals own preferred daily routines and not that of the care home.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I am recognised as an expert in my own experiences needs and wishes. (HSCS 1.9)

**This area for improvement was made on 18 September 2018.**

## Action taken since then

See area for improvement 4.

This Area for Improvement has been Met outwith timescales.

## Previous area for improvement 13

The provider should ensure that people experiencing care have care plans which;

- more clearly reflect personal outcomes and how these outcomes were evaluated
- ensure that care plans are updated to reflect evaluations of personal outcomes
- evidence the involvement of the resident and/or relevant individuals important to them had contributed to the care planning and evaluation process.

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) and I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17) and My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected. (HSCS 1.23)

**This area for improvement was made on 18 September 2018.**

**Action taken since then**

See Area for Improvement 11 regarding the progress that this service has made.

This Area for Improvement has been Met outwith timescales.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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