

Douglas View Care Home Care Home Service

William Street
Hamilton
ML3 9AX

Telephone: 01698 459 099

Type of inspection:
Unannounced

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Service provided by:
HC-One Limited

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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 three inspectors from the Care Inspectorate.

What people told us

We spoke to several people who live in the service and/or their relatives during the inspection. Comments we received included:

'The staff know [my relative's] ways and that is the main thing.'

'Staff pick up on any small changes and make sure [my relative] is okay.'

'Coming in here gave me my life back, I thank this place and all staff for helping me get my life sorted and back again, I owe this place my life, thank you so much.'

'The very first day I had a visit with [my relative] after a long hard lockdown was very emotional but the staff were amazing not only with [my relative] but also with me, I cant speak highly enough regarding staff.'

'[My relative's] health and happiness has improved dramatically during their time in Douglas View.'

'The food wasn't good before but it is getting better now.'

'The staff are great, there's always something going on.'

We spent time observing care in all five units during the inspection and found interactions to be warm and caring. We saw that residents were relaxed and confident within the home and had lots of opportunities to be included in what was going on.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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

During the inspection we observed warm and caring relationships between staff and people using the service. When we spoke to people, they told us they were happy living at the home and had good relationships with staff. We noted that people were relaxed and comfortable within the home and we saw that visitors were greeted warmly and welcomed by the staff team.

People living at the home were able to use a range of communal areas including lounges, dining rooms and seating areas. There was outdoor seating areas and we saw people being assisted to sit outside or take a walk around the grounds during the inspection. This gave people freedom to choose where they wanted to be and what they wanted to do throughout the day. It also provided the opportunity to get fresh air and exercise which supported people's health and wellbeing.

We were pleased to see a wide range of activities people could take part in. This included a choir, arts and crafts, celebration days, exercises, one to one time and days out. We noted that people had activity plans and that staff listened to their interests and developed activities to suit them. One example of this was a resident doing furniture repairs in the home as this was an interest to them.

We found that staff had a good knowledge of people's needs and preferences and would check on people's wellbeing throughout the day. We found that people were supported to stay well in a range of ways including therapeutic activities like doll therapy and rehabilitation support to stay as independent as possible. Examples of this were people washing and dressing independently and a resident who was doing their own diabetes care. This gave people a sense of control over their lives and meant they were less reliant on staff for daily living tasks.

There was good information regarding people's health needs in their personal plans. This information was up to date, and we could see regular contact with health professionals to ensure people had access to health care services. Information was being shared to the relevant staff and this ensured people were receiving the right care and support to keep them well.

We identified some inconsistencies with medication recording. People's medication records need to be accurately completed to ensure no errors are made and they are kept safe. The management team agreed to address this.

How good is our leadership?

4 - Good

We found that there had been changes to the management team at the service and that these had been positive. The management team had introduced daily meetings for staff to ensure important information was recorded and shared appropriately. This meant that if people required extra support for any reason it was reported to managers in the morning to ensure the right help was provided.

We found that communication between the management team and others had improved significantly. Staff and people using the service told us if they reported any issues of concern, the management team addressed them promptly. People told us they felt the management team listened to them and this reassured us that people's opinions were welcomed.

The management team had introduced a range of audit tools that demonstrated good oversight of the issues at the home. This included knowing when health visits were due, checking the accuracy of records and identifying any areas that needed to improve. An example of this was some issues with accurate medication recording. To address this staff training and supervision support had been implemented.

We found that the management team were working to develop staff skills. Staff were being encouraged to be more accountable for their work and build leadership skills. We saw several staff were taking on more responsibility at the home and others were keen to contribute to improvements. This meant staff took a pride in how each unit functioned and made the home feel livelier and more positive.

Despite the good progress seen we noted that most of the systems and processes in place only dated back three months. Due to this we discussed the need for systems to be sustained in the longer term. The management team assured us this would be addressed.

How good is our staff team?**4 - Good**

We observed that staff were warm and caring towards the people using the service and this reassured us about the support being provided. We were pleased to see that staff were engaging positively with people and would spend time listening to and supporting them sensitively dependent on their needs.

Staff were upbeat and motivating in their approach and encouraged people to get up and move around as much as they were able to. Some staff wore badges with statements on them and this helped to start conversations and value people's contributions.

We found that there was an adequate number of staff on duty to meet people's needs and that they were registered and recruited safely. The management team had limited the use of agency staff to sustain a consistent staff team who knew the people using the service well. This meant that people were familiar with the staff supporting them rather than seeing unfamiliar staff in the home.

The staff team were up to date with their training and where additional training was required the management team were arranging it. We found that there were development opportunities available and a plan to provide additional training in several areas including dementia care. We felt this was an important area for staff skills to ensure that people who were living with dementia were cared for appropriately.

The staff we spoke to told us they had attended supervision meetings and felt confident that any issues they raised with their managers were addressed effectively. When we sampled supervision records, we found that some were not fully completed. We suggested that training may be required for supervisors to ensure improved support to all staff in this area which the management team agreed to progress.

We found that team meetings had taken place to keep staff up to date with any changes. However, the meeting records we looked at did not show where issues had been resolved and we suggested this is updated for staff to see.

How good is our setting?**4 - Good**

When we arrived at the home, we found it to be clean, tidy and well ventilated. We were pleased to see outdoor seating areas and grounds that were accessible for people to have walks and spend time outside. Work was being carried out on the two internal courtyards while we were there. When completed this will provide secure outdoor seating areas for people and their visitors to use.

We noted that some of the furniture needed to be replaced due to wear and tear and contamination. We were advised by the management team that furniture was on order, and we found new armchairs and dining room furniture had been delivered following the inspection. This meant that people were provided with suitable furniture for their use.

People had options about where they wanted to spend time with access to several lounges, dining rooms and seating areas around the home. There were also small kitchen areas with drinks and snacks available and this ensured people had freedom to spend time with visitors and have something to eat and drink in a homely environment.

We noted that people's bedrooms were very personalised and clean and tidy. However, in some areas there was poor lighting and flooring looked worn. The management team advised us that a refurbishment plan was ongoing which would address these issues in the coming year. We agreed to keep in contact to monitor progress and ensure people experience a high-quality living environment.

How well is our care and support planned?

4 - Good

The care plans we sampled were up to date and had a good level of personalised information recorded in them. They contained life story details that allowed us to get a sense of the person they described and how best to meet their needs. The plans were well laid out and easy to follow which assisted staff in recording updates and providing the correct level of support to people.

The personal plans we looked at had many examples where people were supported to do things for themselves with minimal staff assistance. We could see a clear approach to promote independence in tasks like washing, dressing and making snacks and drinks.

One resident was doing their own healthcare in preparation for moving back home and others were continuing to walk around the home daily to retain mobility. These examples showed us that people were being supported to live well and be as independent as possible. This meant that people felt more in control and less reliant on staff for daily living tasks.

We found that people's health needs were recorded in their plans with evidence of health professional's input. Some people had specialist care plans for conditions like diabetes and epilepsy. We saw good evidence of risk assessments in place where needed and people having choices and preferences about how they wanted to be cared for.

We noted that there were inconsistencies in some documents we looked at. Some plans contained conflicting information in different parts and we found incomplete documents for the analysis of distressed behaviours. We discussed this with the management team who were aware and had started staff training to address this.

All resident care plans had been reviewed in recent months and six-monthly reviews were being organised. We saw that family members and representatives were included in care planning and reviews and this reassured us that people's choices, preferences and wishes were being considered.

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

4 - Good

When we inspected the home, we found that infection prevention and control measures and enhanced cleaning schedules were in place. We found that rooms and communal areas were clean, and this included shared bath and shower facilities. Shared equipment was cleaned between uses to prevent transmission of infection.

The laundry and domestic services rooms were well organised, and systems were being followed to limit contamination and minimise risk of Covid 19 transmission. This reassured us that the environment was as clean as possible to keep residents safe from infection.

We saw that there was an adequate stock of Personal Protective Equipment (PPE) and that all staff including laundry, housekeeping and maintenance staff were using it correctly. The management team were conducting daily walkarounds and observations to ensure good staff practice and address any issues.

Staff had received training in infection prevention and control, awareness of Covid-19 and on how to use and dispose of PPE safely. We saw that there were posters and guidance throughout the home, meetings that included all departments and promotion of good practice for hand washing and social distancing.

When we observed staff in the home, we saw that they were changing PPE between tasks and practicing hand hygiene as they moved around the rooms. This reassured us that staff practice was in line with good infection prevention and control to keep people safe.

During the inspection we found that some furniture was contaminated and unsuitable for use due to infection risk. We also saw that some contaminated soft furnishings were not stored properly for disposal.

When we discussed this with the management team, we found that new furniture had been ordered to replace the contaminated items and that storage of contaminated items was addressed while we were there. The home confirmed new chairs and dining room furniture arrived in the days after we left the home providing residents with suitable furniture to use.

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 25 March 2021.

Action taken since then

The critical risk register is in place and is reviewed regularly to ensure resident needs are up to date and required care is being provided. We found that clinical information was being shared with staff at daily meetings and then updated to each unit. Due to this progress, we met this area for improvement.

Previous area for improvement 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)

This area for improvement was made on 25 March 2021.

Action taken since then

We found that information on people's health needs was clearly recorded in their care plans. We also found that actions taken including links with health care professionals were evident in people's plans. Staff were accountable for their responsibility to follow up on any appointments or advice. Due to this progress, we met this area for improvement.

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 25 March 2021.

Action taken since then

We found that there were daily meetings every morning with all department heads and representation from each unit. We saw detailed minutes from each meeting and heard how teams were better informed about organisational and practice issues. We saw how this information was then shared with all staff. Due to this progress, we met this area for improvement.

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 25 March 2021.

Action taken since then

Supervision meetings had taken place for all current staff. We saw that development objectives had been set and staff had access to a range of training and support. The management team had a supervision plan in place and staff we spoke to confirmed they were receiving support in their roles. Due to this progress, we met this area for improvement.

Previous area for improvement 5

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)

This area for improvement was made on 25 March 2021.

Action taken since then

We found a range of meetings had taken place and there were minutes available for each. The minutes clearly detailed key information and agreed actions going forward. We could see who was responsible for each action and timescales expected. Due to this progress, we met this area for improvement.

Previous area for improvement 6

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)

This area for improvement was made on 25 March 2021.

Action taken since then

The care plans we sampled were clear, up to date and followed the index at the front. We found that staff teams were updating care files regularly and ensuring out of date information had been removed. We also found that management audits were taking place to check this. Due to this progress, we met this area for improvement.

Previous area for improvement 7

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)

This area for improvement was made on 25 March 2021.

Action taken since then

We found significant improvement in health chart information. It was clear why people had charts in place and we could see they were well completed and what actions including links with health professionals were being taken to keep people safe and well. Due to this progress, we met this area for improvement.

Previous area for improvement 8

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)

This area for improvement was made on 25 March 2021.

Action taken since then

We found that each care plan had summary information for people. This allowed staff who were unfamiliar with people to get a brief introduction and support them to provide care. Due to this progress, we met this area for improvement.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's outcomes and wishes	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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