

Kincaid House Care Home Service

Oakfield Terrace
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Telephone: 01475 553 920

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Unannounced

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Service provided by:
Daviot Care Limited

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CS2010249604

About the service

Kincaid House is a care home registered for 90 older people. The service is located in a residential area of Greenock near local amenities including shops and transport links. The provider is Daviot Care Limited.

The care home is a purpose built property with accommodation over three floors divided into three units (suites) - Arran, Bute and Waverly. All 90 bedrooms have en-suite facilities that include their own wet floor shower. There are lounge and dining facilities, small kitchen areas and adapted bathrooms on each level. Additional quiet lounges and feature rooms, such as the cinema room, are available. The garden area is well landscaped and is pleasant and safe for residents to enjoy. There were 88 residents living in Kincaid House when we visited.

What people told us

We spent time in the company of residents where we could. We made sure to knock on bedroom doors to pass the time of day with residents who were cared for in their rooms.

Comments received were:

"I'm quite happy. It's fine although there are a lot of new staff that I don't recognise. It would be nice to have more to do. I like my room and I really like when my family visit".

"I'm fine. I can't care for myself now. It's ok here. Lots of different staff and not much to do really. I liked going to the football - I don't do any of this now. The staff are ok but just busy - I need to wait to get to the toilet".

"I would like to do more for myself, staff tend to take over, it can be quick. I don't think there are enough staff. They are nice but seem really busy."

"I'm not too bad today".

"I stay in my room so my tv is really important to me. I keep asking for it to be fixed." We spoke with the interim manager and the tv was replaced. We checked in with the resident who was 'delighted and 'much happier'.

"I like my room. I like to take a walk around the home and say hello to my friend. The staff are nice but very busy - there is not a lot to do".

We received feedback from 21 relatives whom we either spoke with directly or who responded by email. We collated the overall themes from their opinions about the home, detailed as below.

Wellbeing

Many comments were positive about residents health and wellbeing. For example one relative said, of their father, that "he is always well presented, clean tidy and his hygiene appears to be fine, they also allow him to be as independent as possible." However, some relatives expressed concern about the amount and level of activities on offer. For a lot of relatives who responded, there was a sense that there are few and limited opportunities for activities which concerned them. One relative stated "Regarding meaningful activities, we have waited six months for something to happen. Despite management assurances and despite employing staff to work on this, no meaningful activities are in place".

Care

There were many positive comments about the care received by residents and a number of relatives acknowledged the difficulties caused by the pandemic. One relative said "I think the home coped amazingly during lockdown and I'm happy with the care given to my mother."

Some relatives gave specific examples of instances where they felt that their relatives' care had been of a poor standard- specifically around dishevelled appearance, foot care, dealing with anxiety and emotional distress and personal items. A couple of relatives indicated that they would be in touch with the service about specific concerns.

Communication

All the relatives who responded by email noted that communication with the service was an issue. Specifically, they noted difficulty getting through on the phone, little proactive offering of information or mechanisms for regular feedback or follow up. One relative said "We have requested updates and have requested the specifics, but do not receive regular communication. We are unable to successfully call through to the floor our relative is on despite additional mobile phones being purchased".

This quote is typical of the responses received. Relatives identified that if they had a concern that they would contact the unit nurse or manager - again it was commented that it was very difficult to get through on the phone. If they did get through, then they were dealt with efficiently. It was noted that if the manager was contacted directly by email, then there would be a satisfactory and quick response.

Staff were generally respectful and friendly, however concerns raised about how well information was passed on through the staff team and uncertainty if requests by relatives were responded to. For example, one relative had been advised that their relative would be seeing the GP but did not get a follow up call and when they visited and asked, the staff they spoke to were not able to tell them anything.

Staff

The majority of the comments received about staff were positive. One relative said "All staff members I have had contact with have been respectful, friendly and very helpful. Always keen to help"

Relatives were aware of staff changes and turnover in management. We received mixed responses, some felt that these changes had had a negative impact on staff's interactions with and care for residents. One relative said, "We are all very unsettled and worried about the fact so many staff are leaving. My mother is being unsettled by this too and says she feels she is being looked after by strangers".

On the whole, most comments were very positive about staff interactions, but there were concerns about the number of staff changes and the impact this was having on the residents.

"There are lots of good long serving staff, new staff just don't seem to be as effective". The frequent changes of management personnel was also raised as a concern by families.

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

Residents were supported, on the whole, by staff who knew them and the interaction we saw was kind and attentive. Most staff demonstrated a genuine desire to ensure that residents were cared for 'with respect and love'. We saw elements of this but there were frequent missed opportunities as staff were caught up in the 'task' of caring instead of realising the importance of spending meaningful time with residents. When we saw staff spending meaningful time with people, the atmosphere was light and engaging and residents really responded to this.

The home was busy with visitors and this process was supported by a 'visiting co-ordinator'. It was good to see many residents enjoying the company of their loved ones in a safe manner.

Appropriate measures were in place to maintain social distancing and residents were supported to keep in touch with their family and friends in line with the 'Open for Care' Guidance.

We sampled care plans to see if they reflected the care and support we saw. Overall we found the care plans and risk assessments to be up to date with the clinical/health information but most were lacking in the personal information such as interests, preferences and choices which are so important if staff are to support residents in a person led way. (See Area for improvement 1.)

We observed mealtimes at different times of the day. This experience was a positive one for residents. They were offered visual choices with both food and drink and it was good to see them considering what they would like and expressing a preference. The food, including the softer options, was well presented and much enjoyed by residents. The dining experience was led by one staff member so this ensured that all residents were attended to in an efficient but responsive manner. We asked the management team to review the noise of the food trolleys as they were loud and intrusive as they moved through the home.

Participating in meaningful activities is important for the health and well-being of residents. We spent time observing the meaningful opportunities available to residents throughout the day and found that most residents were not receiving the stimulation or enjoyment from activities that we would expect.

There had been recent changes to the activity staff team with only one member of the team available at this time.

Care staff did not spend meaningful time with residents to any extent therefore we found residents who were 'bored' and telling us 'there is not much to do'. This was reiterated when we spoke with relatives. The lack of meaningful engagement with residents has been raised as a concern over the last 3 inspections. We were concerned about the lack of stimulation, particularly for those cared for in bed or living with dementia. (See Requirement 1.)

As homes begin to recover from the pandemic, it is important that they re-establish the environment to what it used to be, within safe limits. The management team should review the most recent Kings Fund audit tool (a tool to assess care homes for their suitability to support people living with dementia) to see how the home can revert to being more homely and appropriate for residents with a cognitive impairment. This would ensure that residents were living in a more warm and stimulating environment.

Any health concerns were picked up quickly by staff and discussed at regular meetings throughout the day meaning. Staff were vigilant to any changes with resident's health and would call on external professionals when required. We sampled care plans and other records relating to the clinical health and wellbeing of residents including skin care and nutrition.

These records were up-to-date and assessed regularly which meant that resident's health needs were supported by an attentive staff team.

To help maintain residents health and wellbeing, medication administration and records should be accountable and following good practice guidance. We sampled medication records for one of the suites. The records were clean and in good order however we found several omissions made by staff. We also found the PRN (as required) medication could be recorded in a more person centred manner. There should be a photograph of each resident on their medication administration record. (See Area for Improvement 2.)

Requirements

1.

The activity programme provided should respond to the preferences and choices of all residents. All staff should see the value in offering meaningful opportunities for residents taking their abilities into account, particularly those living with dementia. In order to do this the provider must:

- ensure there are activity staff deployed on each floor to deliver a responsive and engaging activity programme.
- ensure all care staff spend time with residents seeking their views on what they would like to do.
- effectively communicate to families that there is a an established and meaningful programme of activities to stimulate and offer enjoyment to their relatives.

This is to ensure 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)

This is 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).

Timescale for completion: By 11 October 2021

Areas for improvement

1.

Care plans, daily notes and review minutes should be outcome focussed and written in a person-centred manner. They should take account of all the needs of residents, not just health concerns. Care plans for residents living with dementia or stress and distress should be comprehensive and guide staff on how best to support each resident.

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).

2. Medication administration and recording should follow good practice and be consistent across the home. Pain management and medication should be assessed and monitored. All PRN (as required) medication and records should be accountable and staff should use the MAR sheet to record each medication administered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

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

2 - Weak

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

The home was clean and maintained to an acceptable standard therefore residents were, in the main, safe and protected. We spoke with housekeeping staff who were able to tell us about their cleaning procedures and systems. In order for housekeeping staff to undertake their duties effectively they needed to have up to date cleaning equipment. We discussed this with the management team and they took immediate action. This response was important for the ongoing safety and protection of residents.

However we found areas such as sluices, the laundry and cleaning cupboards where staff were not following current guidance in keeping these areas clean and infection free. We also saw that equipment such as wheelchairs and hoists would benefit from enhanced cleaning. We found the lack of quality assurance and management oversight had led to these areas of concern being identified during the inspection. We spoke with staff about the importance of 'attention to detail' in terms of the pandemic. The premises should be cleaned in line with current guidance for the safety and protection of residents. The external management team responded immediately and action was taken to address these deficits on day one including recruiting for a 'deep clean' team for the home in the near future. (See Area for Improvement 1)

Staff had received IPC training and we saw that they used PPE correctly and they were confident when 'donning and doffing' their PPE. Staff understood and carried out good hand hygiene practice for themselves and for residents, particularly at meal times. Wherever possible, social distancing was encouraged for the ongoing protection of residents and staff.

The safety and well-being of both residents and staff was taken seriously as testing was taking place in line with current practice, this included visitors.

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

We noted that there had been several changes of management team over the last year. This led to staff feeling uncertain and unclear about the expectations required of them. Residents and relatives also commented that they had seen many changes in staffing and this made them feel 'unsettled' and 'anxious'. The home was using agency and temporary staff from other sister homes to maintain staffing levels. Staff morale was quoted as being 'low' and some staff appeared tired and lacking in motivation. However we also spoke with some staff who were 'trying their best in difficult circumstances to offer good care to residents'. This was good to see and offered some reassurance that some staff had a strong and dedicated work ethic to ensure that care of residents was not compromised too much.

These changes of staff had impacted on some aspects of the care and support provided. Staff and residents advised that they felt that staff were often 'too busy' or 'not enough staff on shift to meet my needs'. We could see the impact this was having on, for example, the provision of activities, staff morale and lack of effective communication with families. This was concerning and we discussed this in depth with the external management team. They gave assurances that they would take action to improve the management, leadership and staffing within the home as a matter of urgency. This, in turn, would improve the quality of experience for residents. (See Requirement 1)

Residents have the right to be cared for by staff who take pride in their work and who have their best interests at heart. We were concerned about the culture and negative attitude and behaviour of some of the staff. Short notice sickness was increasing and we found that some staff had been indiscreet when speaking with families. In line with the Codes of Conduct from the SSSC, staff should appreciate the importance of their role in caring for older people and not get caught up in other matters which had a negative impact in the workplace.

External managers accepted our concerns and gave assurances that this would be addressed. (See Area for Improvement 2)

Requirements

1.
The provider must improve the quality of management, leadership and staffing within the home. To do this they must:

- employ an experienced management team who can lead the improvements required within the home.
- actively recruit staff in key positions so that residents are cared for by staff they are familiar with.
- submit a three month staffing contingency plan which outlines the plans in place to manage and staff the home whilst new team members are recruited.
- review staffing levels and deployment to ensure that staff are being used to best support the needs of residents.

This is to ensure care and support is consistent with 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)

This is 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).

Timescale for completion: By 11 October 2021

Areas for improvement

1. Staff need to be aware of the importance of completing tasks as directed and to the best of their ability. They need to follow the correct infection prevention and control guidance and for this to be monitored closely by the management team.

This is to ensure care and support is consistent with 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).

2. The provider should address the culture within the home. The current culture is not conducive to a good working environment for staff or comfortable atmosphere for residents. Staff need to act in a professional manner and be appropriate in their discussions with relatives. The management team should manage the late notice sickness that was increasing and advise all staff of the company confidentiality policy. Staff should follow their SSSC Codes of Practice such as:

- 2.3 Respect confidential information and clearly explain my employer's policies about confidentiality to people who use services and carers.
- 2.4 Be reliable and dependable.

This is to ensure care and support is consistent with 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 activity programme provided should be appropriate for each resident despite their health and well-being needs. The programme should promote the choices and aspirations of each resident. Resident involvement in activities should be recorded in an outcome focussed way so that it is evident if the activity was a success for the resident.

To help support meaningful engagement with people living with dementia the provider should ensure that staff are supported with appropriate training such as 'Promoting Excellence programme for dementia learning and development'.

This area for improvement was made on 11 January 2021.

Action taken since then

We spent time observing the meaningful opportunities available to residents throughout the day and found that most residents were not receiving the stimulation or enjoyment from activities that we would expect. There had been recent changes to the activity staff team so the new activity worker we spoke with 'was running to catch up' as he was the only member of the team at present.

Care staff did not spend meaningful time with residents to any extent therefore we found residents who were 'bored', telling us that 'there is not much to do'. This was reiterated when we spoke with relatives. The lack of meaningful engagement with residents has been raised as a concern over the last 3 inspections. We were concerned about the lack of stimulation, particularly for those cared for in bed or living with dementia so we have made a requirement to ensure improvements are made.

Previous area for improvement 2

Care plans, daily notes and review minutes should be outcome focussed and written in a person-centred manner. They should take account of all the needs of residents, not just health concerns. Care plans for residents living with dementia or stress and distress should be comprehensive and guide staff on how best to support each resident.

This area for improvement was made on 11 January 2021.

Action taken since then

We sampled care plans to see if they reflected the care and support we saw. Overall we found the care plans and risk assessments to be up to date with the clinical/health information but most were lacking in the personal information such as interests, preferences and choices which are so important if staff are to support residents in a person led way.

The management team gave assurances that the care plans would be reviewed with a view to ensuring that person led information was contained within each plan. This area for improvement will continue.

Previous area for improvement 3

The provider should review the positioning of equipment in the laundry areas to ensure that best use is made of the space. This would help enhance the flow of laundry from dirty to clean areas.

This area for improvement was made on 11 January 2021.

Action taken since then

We reviewed the laundry provision within the service and spoke with laundry staff.

The laundry area needed tidied and some clutter removed. Some practice such as steeping linen in a bucket is contrary to the management of linen guidance (HPS Covid-19 information and guidance for care home settings). This was addressed by the service management during our inspection. The laundry floor needed to be cleaned and laundry items should be taken out the floor on trolleys with cover and this was addressed on the day of the inspection. The laundry area was cleaner on day two of our visit. Laundry was being cleaned at correct temp. Residents' clothing was well handled. Laundry staff were aware of correct procedures but acknowledged that they sometimes 'had too much to do'.

This was discussed with the interim manager. Overall met but ongoing cleanliness of laundry will be included in IPC area for improvement.

Previous area for improvement 4

The provider should formally assess the impact infection prevention and control training has on staff practice to determine understanding and compliance with current Health Protection Scotland guidance.

This area for improvement was made on 11 January 2021.

Action taken since then

Reviewed the training available to staff and also spoke with staff. Staff were aware of good practice and were, on the whole, putting it into practice.

This will continue to be promoted when permanent management team is in post. This area for improvement has been met.

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	3 - Adequate
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 care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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