

Suncourt Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 August 2021

Service provided by:
Suncourt Ltd

Service provider number:
SP2003002273

Service no:
CS2003010279

About the service

Suncourt Nursing Home is registered to provide a care service to a maximum of 44 older people, including five places which can be used for short stay/respite care. The provider is Suncourt Ltd.

The home overlooks Troon golf course and is close to shops and other amenities. The service comprises of an original building with a two-storey extension, including a lift and disabled access.

The service aims "to ensure that all residents are given good quality care based on these basic values - Privacy, Dignity, Independence, Choice, Rights and Fulfilment. The main aims and objectives of care are based on these principles together with the right to citizenship".

Thirty-eight people were living in the care home.

This was a follow up inspection which was carried out by two inspectors from the Care Inspectorate. This report should be read in conjunction with the previous inspection reports dated 20 July 2021 and 4 August 2021.

What people told us

We did not speak with relatives during this inspection.

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

Requirements

Requirement 1

By 23 August 2021, a robust pressure ulcer prevention and management system must be in place, which is in keeping with the best practice guidance from Healthcare Improvement Scotland - Prevention and Management of Pressure Ulcers Standards – October 2020. You must ensure:

- a) The skin integrity of every person living in the care home has been reviewed.
- b) External advice has been sought and applied for all residents who have been identified as having wounds/pressure sores.
- c) Clinical risk assessments have been reviewed to ensure they provide an accurate reflection of the condition of each person's skin.
- d) Accurate body maps are in place.
- e) Wound dressings are being applied and renewed in accordance with the treatment plan which is in place.

- f) People receive the prescribed medication for their skin.
- g) Care plans for people who have skin care issues provide an accurate description of their care needs and how these are to be met by staff.
- h) Change of position charts are completed in line with the care needs identified in the individual's care plan.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

This requirement was made on 23 July 2021.

Action taken on previous requirement

Since the previous inspection an audit had been carried out to assess the condition of everyone's skin. As a result of this audit, additional airflow and high-grade mattresses had been purchased.

A protocol was now in place for staff to escalate clinical risks/concerns and seek advice from appropriate healthcare professionals. District nurses had visited the home to provide advice regarding the management of pressure sores and wounds. Dressings were now being changed in line with the wound treatment plans. The completion of records for topical medications such as creams and lotions had improved.

Everybody now had in place a care plan for their skin. Waterlow risk assessments (an assessment used to estimate the risk of developing pressure sores) were in place and up to date. The home is now using SKINN care bundle documentation to record positional changes.

Met - outwith timescales

Requirement 2

By 23 August 2021, you must ensure that the nutrition and hydration needs of those service users identified as being at risk of malnutrition or dehydration are being regularly assessed and adequately met. In particular, you must ensure:

- a) External advice has been sought for all residents who have been identified as being at risk of malnutrition.
- b) A robust system has been implemented to monitor the care of service users who are at risk of malnutrition to ensure they are being effectively supported.
- c) Charts used to monitor food and fluid intake are fully completed and the information used to inform the planning of care and support.
- d) Advice from healthcare professionals regarding service users with a high level of nutritional need is recorded and fully followed and a record is kept of any action taken to evidence this.

e) Information within personal plans regarding how nutrition and hydration needs are to be assessed, monitored, and met is accurate, up to date and regularly evaluated.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

This requirement was made on 23 July 2021.

Action taken on previous requirement

People had been referred to and assessed by the dietetic service. Nutrition care plans had been updated and reflected the advice given by the dietician. Everyone will now be weighed at the beginning of the month. Some people were being weighed on a weekly basis. Food and fluid charts were in place and had been completed to a good standard.

Met - outwith timescales

Requirement 3

By 23 August 2021 the provider must ensure the completion of supplementary charts should be reflective of planned care, evidencing the additional measures in place to support responsive and effective healthcare support.

This ensures care and support is consistent with the Health and Social Care Standards which state: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.'

It also complies with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 8 November 2019.

Action taken on previous requirement

We found food and fluids charts had been completed to a better standard. Since the last inspection the home had started to use SKINN care bundle documentation to record positional changes. These had, in the main, been well completed.

Met - outwith timescales

Requirement 4

To ensure people get the medication they need, the provider must put in place an effective medicine management system by 23 August 2021.

This ensures care and support is consistent with the Health and Social Care Standards which state: 'If I need help with medication, I am able to have as much control as is possible.' (HSCS 2.23)

It also complies with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 8 November 2019.

Action taken on previous requirement

We made this requirement as we were concerned people were not receiving their prescribed creams which is important to keep their skin healthy.

New topical medication administration records (TMARs) had been implemented. These had been completed to a better standard and we could see people were having their creams applied on a regular basis.

Met - outwith timescales

Requirement 5

By 23 August 2021, clinical risks need to be identified and managed, you must ensure:

- a) There is a robust communication system within the staff team to identify the health status and clinical risks for every person who lives at the home.
- b) There is an escalation plan in place for staff to follow to ensure timely referrals are made to relevant external health care professionals for clinical advice and reviews.

This ensures care and support is consistent with the Health and Social Care Standards which state: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.'

It also complies with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 23 July 2021.

Action taken on previous requirement

Since the last inspection an external manager now has regular oversight of the care home. A new protocol had been put in place for staff to escalate clinical risks/concerns and seek advice from appropriate healthcare professionals.

Met - outwith timescales

Requirement 6

By 15 October 2021 the provider must ensure assessment and care planning reflects people's needs, wishes and the actual care provided.

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)

It is also necessary to comply with Regulation 5, Personal plans, of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 8 November 2019.

Action taken on previous requirement

The provider has been given until 15 October 2021 to address this issue.

Not assessed at this inspection

Requirement 7

By 15 October 2021 the provider must ensure quality assurance systems result in positive outcomes being achieved for people using the service.

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

It also complies with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210/2011: Regulation 4(1) Welfare of users.

This requirement was made on 8 November 2019.

Action taken on previous requirement

The provider has been given until 15 October 2021 to address this issue.

Not assessed at this inspection

Requirement 8

By 23 August 2021, you must ensure safe infection control practices are followed at all times. In particular, you must ensure:

- a) There are clear and enhanced cleaning schedules in place for all areas of the care home.
- b) Good practice in infection prevention and control is promoted in the care service at all times.
- c) All equipment for the general use of service users is clean and fit for purpose.
- d) A sufficient number of clinical waste bins are appropriately located throughout the service and all staff dispose of clinical waste in accordance with standard infection control precautions (SICPs).
- e) Outdoor clinical waste bins are locked and stored in an area that cannot be accessed by the public.
- f) A sufficient amount of PPE stations are in place throughout the care home which should be restocked as required.
- g) The management and processing of laundry is in line with current Health and Safety guidance.
- h) The storage of clean hand and bath towels within the bathroom areas has been improved to prevent contamination.

- i) An effective infection prevention and control auditing tool has been implemented.
- j) The staff testing programme ensures all staff have regular access to a COVID-19 test.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 23 July 2021.

Action taken on previous requirement

New cleaning schedules were now in place, which included frequently touched points. Mattress audits had been carried out. New PPE stations had been purchased and the delivery of more was expected. We found the PPE stations were well stocked. The previous concerns we had regarding the outside clinical waste area had been addressed. Improvements had been made within the laundry area.

The manager now has an oversight of all staff testing to ensure staff are regularly tested in line with the current guidance.

An internal infection control audit had been undertaken. The management team were working to address the areas where improvements could be made.

Met - outwith 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 continue to develop opportunities for people to participate in meaningful activities linked to their interests and preferences. This should include monitoring activity provision to ensure that everyone has the same opportunities.

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)

This area for improvement was made on 8 November 2019.

Action taken since then

Not assessed during this inspection.

Previous area for improvement 2

The provider should ensure people's rights and preferences are respected; anticipatory care plans (ACPs) should be:

Discussed and agreed with the right people.

Regularly reviewed, especially when there has been a deterioration in the person's health, and they are nearing the end of life.

Shared with GPs for inclusion in the out of hours electronic system.

This is to ensure care and support is consistent with Health and Social Care Standards which state: 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

This area for improvement was made on 23 July 2021.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 3

To promote quality assurance, the provide should consider:

- a) ways to enhance information sharing between all the care home managers within the company; and
- b) having in place a company quality assurance system which all the care homes should adopt.

This is to ensure care and support is consistent with the 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 23 July 2021.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 4

The provider should continue to review staffing arrangements to ensure staff are appropriately deployed throughout the home, lounge areas and bedrooms should be supervised on a regular basis.

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

This area for improvement was made on 23 July 2021.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 5

The provider should ensure there is a robust process to continually assess staffs' knowledge and compliance with infection control best practice guidance.

This is to ensure care and support is consistent with the 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 23 July 2021.

Action taken since then

Not assessed at this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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