

Glebe House Care Home Care Home Service

Cumnock Road
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Type of inspection:
Unannounced

Completed on:
13 August 2021

Service provided by:
West Coast Care Limited

Service provider number:
SP2014012273

Service no:
CS2017354628

About the service

Glebe House Care Home is registered to provide a care service to a maximum of 44 adults and older people with physical/sensory difficulties, dementia/memory impairment, life limiting conditions and/or mental health conditions. There were 33 people using the service during our inspection.

The care home is located on the outskirts of the village of Dalmellington in East Ayrshire. The home is purpose-built with 44 single bedrooms with en-suite facilities on ground floor level and has ample, private outdoor space.

The service aims to provide customers with the highest quality care service. The objective of Glebe House; that people who receive care services will live in a clean, safe environment and be treated with care, dignity, respect and sensitivity to meet the individual needs and abilities of the people who live in the home.

The service registered with the Care Inspectorate on 21 June 2018. The provider is West Coast Care Limited.

This inspection was carried out by 2 inspectors from the Care Inspectorate and an inspection volunteer.

An improvement notice was issued on 24 August, with a timescale of 25 October set for the provider to ensure that people's health, safety and wellbeing needs are met by a service that is safely staffed and well led.

What people told us

People we spoke to who lived in the home agreed on the whole they were well cared for.

"They treat us well".

"We are well looked after".

However they also expressed they were bored and could not access activities or the local community easily.

"It can be pretty boring here. I'm a young guy"

"I have my bus pass and could be visiting family but there are no staff to support me".

An inspection volunteer spoke with six family members. Feedback received was variable regarding the care and support received by their loved ones. Specifically about communication and being kept up to date by the home throughout the pandemic.

People stated -

"Communication about Covid has been very good. We have received Newsletter via email and staff are always open and helpful when we phone."

"We have received no regular updates and have had to phone and ask about changes."

Regarding the easing of visiting restrictions people were generally glad to see more of their loved ones but shared some challenges around the visits.

One person said that she sometimes has to wait a long time for the bell to be answered so as she can get in. Another said that a half hour visit is short for her as she has a long way to travel.

Everyone was positive about the care that their relative was receiving.

However, the majority raised concerns about the management and staffing of the home. A number of relatives commented on the frequent changes of manager. Most people talked about what they perceived as the understaffing of the home and the overuse of agency staff.

"It's hard for mum when the staff change all the time."

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

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

How well do we support people's wellbeing?

2 - Weak

An improvement notice was issued on 24 August, with a timescale of 25 October set for the provider to ensure that people's health, safety and wellbeing needs are met by a service that is safely staffed and well led.

We evaluated how well the service supported the wellbeing of people experiencing care. We found that there were some strengths, but these were outweighed by significant weaknesses affecting people's experiences and outcomes. We assessed the performance of the service in this area to be weak.

Staff were seen to be kind and supported people with compassion and discretion. This included domestic and catering staff. A resident told us " I speak with the cleaner in my unit as she knows me well and encouraged me to raise health concerns I had with the nurse".

However, there were not enough staff, this meant people had to wait a long time to receive the attention they needed. Inspectors had to find staff to support a distressed resident. We have made a requirement improving staffing levels within Key Question 7.3 of this report.

Staff did not have time to spend with people after providing task-based care. People told us they were bored and had little meaningful purpose to their day. Some people stayed in their bedrooms and had little physical interaction or stimulation. Others looked for staff, including domestic and administration staff, to have someone to talk to or have reassurance.

There were not enough staff to support outings in the local community or to help people to enjoy hobbies and interests. The home was not fully open in line with Open with Care guidance which meant people were also seeing less visitors and enjoying less social contact. Signage in the home did not reflect current visiting guidance, families and residents were not clear about what people could expect around visiting or going out into the community with relatives. This meant some people felt isolated. (See requirement 1 and 2)

Staff knew people's needs around food and drinks and we saw evidence of referrals to external professionals when these were needed. Snacks and drinks were available throughout the day and overall people were happy with the meals and snacks provided.

People's health should benefit from their care and support and their needs should be reflected within personal plans. Repeated changes to the management team and a lack of permanent nursing staff had resulted in a lack of oversight of people's care needs. Risk assessment tools used to identify potential health risks for people were not consistently updated. This meant that the care and support people experienced were not always right for them.

We found examples where people who were at risk of falls continued to experience falls because the right action had not been taken to support them. Personal plans and risk assessments need to be more about people as individuals. Personal plans should clearly describe people's individual care and support needs and how they would like these to be met so that staff who do to know people well can meet their needs. Personal plans should be consistently updated following falls, accidents and changes in people's health needs. (See requirement 3 and 5)

People could not be confident that they would receive their medication in accordance with the prescriber's instruction. The service had reported a significant number of medication errors. An action plan to improve how medication was managed had been produced but not implemented. This resulted in further medication errors/omissions. Medication practice must improve to promote the safety, health and wellbeing of individuals. (See requirement 4)

Requirements

1. By 25 October 2021, you must ensure that service users receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised, and compassionate care. In particular you must ensure that:

- (a) There are enough staff on each shift who are appropriately trained, skilled, and competent in the role they are to perform.
- (b) There is an evaluation of staff learning and development needs and training implemented which meets the needs of the current resident group and staff professional codes of practice.
- (c) The numbers and skill mix of staff employed are based on an accurate assessment of each service users' needs and identified areas for potential harm.
- (d) There are sufficient numbers of staff to ensure that service users' experience meaningful engagement and occupation. This should include, but need not be limited to including, regular opportunities to be outdoors and away from the care home.

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

"I experience high quality care and support based upon relevant evidence, guidance and best practice." (HSCS 4.11)

This is in order to comply with regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was issued in an Improvement Notice served on the provider on 25 August 2021.

2. By 25 October 2021, the provider must ensure that people get the most out of life, the provider must demonstrate that a varied and meaningful activity programme, including appropriate community engagement is in place. This must take account of individuals wishes and be reflected within people's personal plans.

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

'I 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) and 'I can choose to spend time alone.' (HSCS 1.26)

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. By 25 October 2021, you must ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. This means putting the service user at the centre, identifying what is important to them, and ensuring that everyone is working together to maximise their health, safety, and wellbeing. In particular you must:

(a) Assess and record service users' health, safety, and wellbeing needs within their care plan taking account of their choices and preferences.

(b) Ensure that any risks to a service user's health, safety or wellbeing are identified, managed, and clearly recorded as part of the care planning process and that they are protected from harm.

(c) Ensure that each service user's health and wellbeing is consistently monitored and evaluated to inform the level of care required.

(d) Measure the effectiveness of the care provided to service users through observation of their care experiences, and other relevant evaluation and review processes, such as, but not limited to, quality audits, external feedback, and clinical governance reviews. All observations must be documented.

'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)

This is in order to comply with regulations 3, 4(1)(a), and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was issued in an Improvement Notice served on the provider on 25 August 2021.

4. By October 25 2021, you must ensure people experience care and support that is safe and right for them. The provider must ensure that:

(a) prescribed medication is available in the service for administration

(b) prescribed medication is administered in accordance with the prescriber's instruction.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

It is also necessary to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was issued in an Improvement Notice served on the provider on 25 August 2021.

5. By October 25 2021, you must ensure that people's health benefits from their care and support the provider must ensure that:

Following an accident or incident there is a review of the associated risk assessment and care plan to ensure that people's changing needs are met

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

"I experience high quality care and support based upon relevant evidence, guidance and best practice."
(HSCS 4.11)

It is also necessary to comply with Regulation 4(1)(a) and Regulation 5(b)(i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

How good is our leadership?

2 - Weak

There were a few strengths identified in this area, but these were outweighed by significant weaknesses. We evaluated this key question as weak.

An improvement notice was issued on 24 August, with a timescale of 25 October set for the provider to ensure that people's health, safety and wellbeing needs are met by a service that is safely staffed and well led.

People should have confidence that the service that they use is well lead and managed. We concluded that management and senior management of the service needed to improve. People living in the home had experienced multiple changes of manager and a lack of permanent nursing staff. Staff vacancies meant that there were regularly not enough staff on duty to meet people's social and emotional needs. We previously found similar issues and directed the provider to address these. People living at the service have very varied and some complex needs, we did not see evidence that these needs were being met appropriately which mean that the provider was not delivering the stated aims and objectives of the service.

Dependency assessments used to make decisions about how many staff should be on duty did not take account of people's social, recreational and rehabilitative needs. This meant that not enough staff were available to meet these needs. For example, some people planned to move to more independent tenancies and reintegrate back into their own communities but had not had the opportunity to develop skills, resilience and confidence which would help them to do this.

People should be confident that quality assurance and improvement plans at the service, drive change and improvement. There was a quality assurance system in place to ensure appropriate infection prevention and control measures were adhered to. This helped to reduce the transmission of infection and keep the home clean.

However, overall quality assurance systems were not leading to improvements. For example, a lack of falls management meant that people continued to experience falls which could be avoided. We found a medication audit carried out by senior management failed to lead to improvements in medication practice and errors continued. A service development plan had not led to improvements in the home. (See requirement 1)

We found a lack of evidence that the stated aims and objectives of the service were met. Senior management confirmed a review of the services aims and objectives was planned. (See requirement 2)

Requirements

1. By the 25 October 2021, you must ensure that service users experience a service which is well led and managed, and which results in better outcomes for them. This must include, but need not be limited to:

(a) Ensuring that there is appropriate and effective leadership of the care service,

(b) Ensuring that there is a quality assurance system in place to support a culture of continuous improvement.

(c) Implementing effective action planning to address areas of required improvement within agreed timescales.

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

'I use a service that is well lead and managed.' (HSCS 4.23)

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

This requirement was issued in an Improvement Notice served on the provider on 25 August 2021.

2. By the 20 September, you must review the service aims and objectives and be clear about the service being provided, why you are providing the service, how it will be provided, who will provide it, and to whom the service will be available.

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

'I use a service that is well lead and managed.' (HSCS 4.23)

This is in order to comply with The Social Care and Social Work Improvement Scotland (Applications) Order 2011 (SSI 2011/29).

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

2 - Weak

An improvement notice was issued on 24 August, with a timescale of 25 October set for the provider to ensure that people's health, safety and wellbeing needs are met by a service that is safely staffed and well led.

Our focus in this inspection area was to establish if infection prevention and control practice supported a safe environment for both people experiencing care and staff. We found a number of important strengths which outweighed any areas for improvement.

The home was clean and clutter free. There were plentiful supplies of personal protective equipment (PPE), and waste was disposed of appropriately.

We observed positive practice of staff wearing (PPE) and posters were on display to remind staff of the correct procedure for putting it on and taking it off.

Staff had access to hand washing facilities and alcohol-based hand rub. Posters were displayed at wash hand basins to remind staff how to effectively carry out hand hygiene and regular observations of practice were carried out by senior staff to ensure effective infection control practice.

People should live in an environment that is clean and tidy. Housekeeping staff were working to best practice guidance and a cleaning regime of frequently touched areas was in place, this meant that the risk of cross infection was reduced. We saw that there was a sufficient supply of the appropriate cleaning materials and domestic staff demonstrated good knowledge of the products used.

Current guidance around the safe management of linen was being followed well with good knowledge evident by the staff managing the laundry. This also reduced the risk of infection for residents.

We saw evidence that quality assurance processes for infection prevention and control had been put in place and that staff had been observed by managers to check their practice was correct. Audits had taken place and included a check of care equipment, including mattresses, within people's bedrooms. This helped to make sure that the risk of cross infection was reduced.

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

Some strengths were identified in this area, but these were outweighed by significant weaknesses.

Staff had received, and were seen to put into practice, robust learning around infection, prevention and control (IPC), the correct use of personal protective equipment (PPE) and appropriate cleaning processes.

Staff were seen to work hard to keep the home clean and safe and attend to the basic day to day needs of people who lived in the home.

We were appropriately notified by the provider of a number of times when they did not have enough staff on duty. For example, There were shifts where no there was no nurse in the care home. We expressed concerns to the senior management of the service and requested a management response to stabilise staffing within the service. To ensure that people's safety, health and wellbeing needs are met staffing must be improved. (See requirement 1)

Inconsistency of management had impacted on supporting staff development through robust induction, supervision, team meetings or appraisals. There was little evidence that staff had been supported to reflect on practice, identify training needs or evaluate their performance. This limited the scope to address areas of poor practice and impacted on people's opportunities to achieve positive outcomes.

The diverse mix of ages and conditions experienced by people living in the home needed a level of skill, training and knowledge that was not evident. This impacted on people's living experience regarding appropriate meaningful activities and appropriate life skills opportunities.

As identified at previous inspections, additional training is required to support the staff team in meeting the diverse needs of the resident group to help ensure that people receive appropriate interventions and personalised care. (See requirement 2)

To support improved outcomes home should progress the system of individuals having a named worker who has received additional training or learning opportunities to best support that individual's specific needs. (see areas for improvement 1 and 2)

Requirements

1. By 25 October 2021 the provider must ensure that people's needs are met by the right number of people and that;

(a) There are sufficient qualified staff on each shift to fully meet people's holistic care and support needs.

(b) Staffing is regularly assessed and evaluated to demonstrate that it is responsive to people's changing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS). 'My needs are met by the right number of people.' (HSCS 3.15) and 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17)

This is also to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2.
By October 25 2021, the provider must ensure that all staff are equipped with the required skills and knowledge to undertake their various roles:

(a) Audit the current learning needs of the whole staff team and devise a robust and achievable training plan focussed on the skills and knowledge required to meet the needs of the current resident group

(b) Identify where specific resident or condition learning is required to ensure each person is being supported and cared for by staff from teams who are equipped with the necessary knowledge and skills to do so.

This is to ensure that the skills, abilities and competence of all staff employed within the service 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) and to comply with Regulation 4 (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care) Regulations 2011

Areas for improvement

1. Staff should receive appropriate training to support the people they care for.

Understanding and implementation of Mental Welfare Commission guidance would support staff understanding of how to promote dignity and respect of people with mental health conditions using the service.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state: 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3)

2. The service should develop the role of the keyworker/named nurse roles and responsibilities to promote supporting positive outcomes for people who live in the home.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.' (HSCS 3.8)

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

In order to clearly identify areas for improvement, the quality assurance and audit processes in relation to infection prevention and control must be further developed.

The provider should assess the premises. Consideration should also be given to the appointment of champions and further training be encouraged via NES Infection Prevention and Control pathway. Staff should have regular supervision to monitor their practice.

This is in order to ensure that 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)

and

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow the professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 27 November 2020.

Action taken since then

There was evidence of appropriate auditing systems in place to support good practices around infection, prevention and control. Staff practices were observed, they were seen to adhere to current guidance and the home was clean. Due to depleted staff numbers there had been no progression of the development of champions but the new manager was aware of this consideration.

This area has been met.

Previous area for improvement 2

In order to clearly identify areas for improvement, the quality assurance and audit processes in relation to infection prevention and control must be further developed.

The provider should assess the premises. Consideration should also be given to the appointment of champions and further training be encouraged via NES Infection Prevention and Control pathway. Staff should have regular supervision to monitor their practice.

This is in order to ensure that 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) 'I have confidence in people because they are trained,

competent and skilled, are able to reflect on their practice and follow the professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 27 November 2020.

Action taken since then

There was no evidence this had been progressed since the last inspection.

This area has not been met and will be repeated .

Previous area for improvement 3

The service should develop the role of the keyworker/named nurse roles and responsibilities to promote supporting positive outcomes for people who live in the home.

This is in order to ensure care and support is consistent with the Health and Social Care Standards, which state: 'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.' (HSCS 3.8)

This area for improvement was made on 27 August 2021.

Action taken since then

This area has not been met and will be repeated

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

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	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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