

Eastwood Court Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Larchwood Care Homes (North)
Limited

Service provider number:
SP2011011695

Service no:
CS2011301138

About the service

Eastwood Court is registered to provide residential and nursing care to 52 older people. There were 47 residents living on the home during our inspection. The Provider is Larchwood Care Homes (North) Limited.

The accommodation is on three floors, with the main lounge and dining room on the ground floor. There is a conservatory on the ground floor that opens on to a decking area. There is also a garden to the side of the home. There are small lounges on the first and second floor, but these floors mainly consist of bedrooms.

The home is situated in Giffnock, East Renfrewshire and has its own private car park. It is close to good transport links and local services.

The aims and objectives of the service state 'We will ensure that all needs of the residents are identified and addressed in a holistic manner on an individual basis. Our approach to care is one that encompasses all physical, social, psychological, emotional and spiritual needs. Residents will be encouraged to exercise their optimum participation in any decision-making affecting their package of care.'

What people told us

We were able to spend time with residents observing the care and support they received. We were able to have light conversations with some residents:

"I like living here. Staff very nice, get up when we can and staff do a lot of work. Only thing, long while ago, visitors were able to come more often. The green ladies,(Activity staff) are excellent, every day we do exercises, bingo and painting".

"The home has a nice feeling about it, staff pleasant, if you can keep them. Staff come and go."

"The food comes and goes. Sometimes its not very good."

"Staff are really nice but very busy. I sometimes have to wait a while to get help."

We received feedback from 15 relatives who we either spoken with directly or who responded by email. We collated the overall themes and they are as follows:

There were many positive comments about the care and support received by residents. One relative said "Very, very good - mother has been there 2 years, some changes to management, getting better and better. Hopes Michelle stays". Two relatives gave examples of instances where they felt that their relatives' care had been of a poorer standard specifically about activities. The majority of the comments received about staff were positive . One relative said "I can honestly say that every staff member I have dealt with have been superb. Nothing is too much trouble, and they genuinely seem to care". Another told a lovely story about how the home had listened to her mother and given her what she asked for on her 90th birthday. Two relatives made comments about the staff seeming overworked and being unable to spend time with residents. The majority of comments were positive about residents health and wellbeing. One relative said , of their father "He is always in clean clothing and has juice in his room. Thinks activities are very good. Happy atmosphere" However, two relatives expressed concern about the ability of staff to respond fully to nutritional needs and another stated that communication could be better. Some respondents felt that the home communicated well with them. One relative said "The service communication level seems good. Open and generally articulate. Informative when needed. I have been made to feel at ease and reassured

whenever contact has been made via a phone call or email, or in person. It seems to me that mum is in good hands" This is fairly typical of the responses received. All respondents said that they would contact the manager or care staff if they had concerns.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

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

Residents were cared for by staff who knew them well and were knowledgeable about their day to day needs and preferences. We observed caring and respectful interactions between staff and residents however at times we found care staff to be focussed on the task of caring, leaving little time to spend meaningfully with residents.

Relatives were encouraged to visit in line with Scottish Government Open with Care guidance. We saw that resident's and their families were enjoying time together in the garden area and indoors. Each resident had a visiting care plan which outlined their specific, agreed visiting circumstances.

We did not get a sense of a resident's identity from the care plans we looked at. The manager acknowledged that there were further improvements needed to ensure that information recorded helped residents communicate the things that were important to them. Overall we found the care plans were clinical in tone and language. Staff should develop a more person centred approach when writing in records relating to residents.

Area for Improvement 1

There was a good programme of activities which were mainly individual and small group activities. These were delivered in the social areas on the ground floor. We could see that some residents really enjoyed what was on offer and staff were enthusiastic. We were aware that there were few meaningful opportunities for those living with dementia or cared for in their rooms. There was little activity for residents on the first and second floors of the home meaning that they did not receive the same quality of experience as those who were able to go downstairs.

Area for Improvement 2.

We observed mealtime experiences for residents at different times of the day. Residents were not rushed in the morning so breakfast was at their pace. Staff were attentive when residents required assistance or

asked for something. The dining areas were pleasant and the food, on the whole, was enjoyed by residents.

There was good healthcare information in resident's care plans which showed that staff would contact other health professionals for their advice and guidance. We saw that staff were vigilant to the health needs of residents as these were discussed at regular handover meetings. A visiting healthcare professional told us the manager and her team 'are welcoming and supportive'. They also told us that they found staff to be 'busy but hard working.' They expressed no concerns to us about the healthcare needs of residents.

To help maintain residents health and wellbeing medication records and administration should be accountable and completed fully. We sampled MARs (medication administration records) and found that staff did not use the MAR fully when recording 'as required' medication. There were occasions when medication appeared to not have been given and there were hand written entries with no staff signatures. We asked the manager to undertake a medication audit and send the outcome to the Care Inspectorate.

Area for Improvement 3.

Areas for improvement

1. The care plans should follow the same format and be more person centred in content and language used. Staff should be able to use the care plan to support all of the residents needs, not just their clinical needs. Each resident should have an Anticipatory Care Plan, and staff should consider a more sensitive approach when recording that a resident has stress and distress.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "My care and support meets my needs and is right for me". (HSCS 1.19)

2. 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.

This ensures 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)

3. Medication administration and recording should follow good practice and be consistent across the home. 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'.

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

3 - Adequate

The home was clean and tidy. The housekeeping staff worked hard to maintain good infection prevention and control standards (IPC) and this meant that residents were safeguarded from possible infection. There were effective systems in place to assess and monitor cleanliness of the home, equipment and IPC measures. This protected residents by ensuring a consistent approach to the monitoring of IPC and the maintenance

of acceptable standards of cleanliness of the home and equipment used by residents.

There was a sufficient supply of PPE and clinical waste bins in the home. This meant that staff had access to PPE and clinical waste disposal at the point of use. Staff had received IPC training and we saw that, on the whole, they used PPE correctly. Staff understood and carried out hand hygiene practice for themselves and for residents; however, we saw that this could be improved. Staff did not always follow correct IPC procedures meaning that this was a potential risk for residents. The moving of used laundry from one area to another, the safe disposal of continence products, and the cleanliness of equipment used by residents were all areas that should be improved.

Area for improvement 1.

There were some areas of the home that would benefit from redecoration and refurbishment. The manager advised that she would send us an overview of her plans.

All of the staff teams knew residents and their families well. Relatives we spoke with commented positively about the approach of staff. This helped to promote a relaxed, friendly atmosphere in the home which benefited resident's well-being, particularly on the ground floor.

We observed some staff practice that gave us cause for concern. We were told that staff had received training but we saw staff assisting residents to move from one area to another resulting in an undignified experience for residents and possible injury. We also noted several areas where staff were not following the correct procedures and protocols resulting in possible safety and well-being risks for residents and themselves. Action was taken by the management team to rectify this by arranging further training and observations of practice.

See Requirement 1.

We reviewed the dependency tool used by the service to support staffing levels within the home. Due to the layout of the building and staffing numbers it was hard to find staff at times. We were concerned that some residents needed to wait to be assisted. Some residents in bedrooms and on floors one and two had infrequent interaction with staff. Staff should promote and exercise responsive care to improve resident's experience. There should be a more visible leadership presence on the floor to ensure that staff are deployed effectively. The provider advised us that they would immediately review the staffing levels.

Area for Improvement 2.

Requirements

1. By the 29 October 2021, the provider should ensure that staff comply with current good practice at all times to keep residents and themselves safe. In order to do this the provider must:

- ensure all staff undertake moving and handling training to refresh their knowledge.
- ensure all staff follow good practice in relation to IPC, including ongoing training if required.
- staff should be subject to ongoing observations and supervision of practice to ensure that they are putting training into practice.

- staff need to support residents in a dignified and safe manner being aware of their professional Codes of Practice. This could include ongoing training for staff in dementia awareness and stress and distress.

This is in order to comply with Regulation 3 - Principles; Regulation 4(1)(a)(d) - Welfare of users and Regulation 15(a)(b)(1) – Staffing, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services).

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

Areas for improvement

1.

Staff should be aware of the importance of completing IPC tasks in line with current guidance. This includes safe movement of laundry, safe disposal of continence products and good hand hygiene. They need to follow the correct guidance and protocols at all times.

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

2.

The provider should review the dependency tool and the staffing levels, particularly on first and second floors to ensure there are enough staff on duty to meet the care and well-being needs of residents.

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

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

Requirements

Requirement 1

To ensure that people who experience stress and distress are fully supported, then the service must ensure that by 31 October 2020:

- staff must have the skills to support residents by receiving training on mental health conditions, including dementia, and how to support people who experience stress and distress.

This requirement was made on 1 July 2020.

Action taken on previous requirement

We were told that all staff had received training in supporting residents living with dementia and further training was planned. The CPN had undertaken stress and distress training with some staff members. The manager told us "I believe we have far better skills and understanding now however some staff still need further training." In discussion with staff we heard examples of where they had put this training into practice for the benefit of residents.

This requirement has been met but staff training and understanding in these areas will be monitored at the next inspection.

Met - outwith timescales

Requirement 2

People should be supported to remain as physically active and mentally stimulated as possible.

By the 31/07/20, the provider needs to ensure that there are enough staff on duty to be able to support this.

In order to do this the service needs to ensure that the method they use to work out staffing levels takes account of situations such as:

- people remaining in their own rooms
- people testing positive for Covid-19
- people receiving end of life care.

Each of which increase the time staff require to spend with individuals.

This requirement was made on 1 July 2020.

Action taken on previous requirement

We spent a lot of time observing the care and support provided by staff. There was a good experience on the ground floor where residents met and used the lounge and dining areas. The quality of experience for those cared for in their rooms was not so positive. We did not feel there were enough staff on in the morning to ensure residents were up and ready for the day at their pace. The management team gave assurances that this would be addressed.

The requirement has been met but see areas for improvement relating to meaningful activity and staffing levels.

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

People should be confident that their wishes for end of life care have been sought and recorded so that they can be shared appropriately with the professionals who will support them during this time.

In order to support this the service should develop anticipatory care plans for individuals.

This area for improvement was made on 1 July 2020.

Action taken since then

We did not see many completed ACPs in residents care plans. The manager agreed this was a 'work in progress' which will be supported by the CHLN.

This area for improvement will be incorporated in the area for improvement relating to care planning. The quality of ACPs will be reviewed at the next inspection.

Previous area for improvement 2

The service should ensure that people are encouraged to maintain their mobility for as long as possible by encouraging activities which keep people active. This should be person centred.

To ensure people receive the right support, what this means for individuals should be captured within their care plans.

This area for improvement was made on 1 July 2020.

Action taken since then

We saw residents enjoy some activities on the ground floor areas. We were told that exercise classes take place regularly. Activity staff were engaging and enthusiastic. We were able to see what some residents got out of the activity programme by reading the notes taken by activity staff. Care staff seemed task orientated

and did not have the time to spend meaningfully with residents. We were concerned that residents cared for in their rooms were not getting the same quality of experience.

This area for improvement will continue.

Previous area for improvement 3

People should be assured that the service is doing everything possible to prevent the spread of infection within the home. Existing measures within the service should be enhanced by;

- regular audits of staff hand hygiene
- staff use of PPE equipment.

This area for improvement was made on 1 July 2020.

Action taken since then

We reviewed the audits available in the home and we observed staff practice. On the whole we saw it had improved. This area for improvement has been met.

Previous area for improvement 4

People should feel safe around all staff who support them.

The provider should enhance existing checks on agency staff by:

- checking when they last worked in service which brought them into contact with someone who tested positive for Covid-19.
- checking when they were last tested for Covid-19 and if they either have not been tested make a risk assessment to reduce the potential risks as far as possible.

This area for improvement was made on 1 July 2020.

Action taken since then

We reviewed the protocol in place for checking agency staff. We saw that one was in place which addressed the issues identified. This area for improvement has been met.

Previous area for improvement 5

The provider should update its contingency plans to take account of the experience of the Covid-19 pandemic to ensure that they are able to continue providing a safe service to people should there ever be another outbreak.

This area for improvement was made on 1 July 2020.

Action taken since then

Larchwood have a comprehensive contingency plan in place. The manager will add the local arrangements to it so that everyone is aware of the procedure to follow.

Previous area for improvement 6

In order to keep people living in care safe management must notify relevant regulatory bodies of all incidents of staff mis-conduct.

This area for improvement has been met.

This area for improvement was made on 1 July 2020.

Action taken since then

The new manager is very pro-active at notifying the CI. Plenty of evidence on RMS to support this as notifications are completed as required.

This area for improvement has been met.

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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
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	3 - Adequate

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