

Newcarron Court Nursing Home Care Home Service

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Newcarron Village
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FK2 7TB

Telephone: 01324 610 334

Type of inspection:
Unannounced

Completed on:
30 September 2021

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361016

About the service

Newcarron Court Nursing Home is registered to provide care for up to 116 older people. It is situated in the Carron area of Falkirk.

Accommodation is provided over two floors and divided into six units. The ground floor comprises of Crammond unit accommodating 16 residents; Arran 16 residents and Lewis 24 residents. Iona, Skye and Harris units are all on the first floor and each accommodate 20 residents. Iona unit was not in use. At the time of our inspection, there were 76 people living at Newcarron Court.

Staffing is provided over 24 hours, with a team of nurses and carers in each unit. The management team comprises a manager and a clinical service manager. All bedrooms are single occupancy with an ensuite toilet and wash hand basin. There are lounge and dining facilities in each unit. The gardens are dementia friendly with seating, pathways and areas of lawn, and can be accessed from the ground floor via a keypad system.

The service's website states "We have created a warm, friendly environment, where our residents can feel at home. Our focus is on allowing them to lead as active and fulfilling a life as possible".

What people told us

During the inspection, we spoke with 15 residents. We also gathered feedback from 19 families by speaking to them during the inspection, either in person, by email or by telephone. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer assisted by making calls to families.

The vast majority of people we spoke with were happy about the care and support currently provided at Newcarron Court. They told us that staff were friendly and that they liked staying there.

Comments received included:

- My relative is looking better than they have done in a while.
- The chef is wonderful-makes an effort to tempt my relative's appetite.
- Generally very happy, but feels at the moment they are short staffed.
- At times it can take a while to answer the buzzer but when they come they are nice.
- I feel communication about my relative could be better.
- Staff are patient with me.
- Staff are magic.

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
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How good is our care and support during the COVID-19 pandemic?	4 - Good
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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?

4 - Good

We evaluated how well people's health and wellbeing was supported. We concluded, that this was good with some important strengths.

Staff treated people with compassion, dignity and respect. There were kind and warm interactions from staff with the residents they were supporting. Residents spoke highly of the staff and how friendly they were. Residents were offered choices throughout their day including, where they wanted to sit and where and when they wanted to eat and drink.

There were three designated activity workers, although two had only recently started back after being furloughed. A weekly planner was in place which was mainly group activities in the lounge, but staff also spent individual time with people in their rooms. During the pandemic, the activity worker and care staff had shown real commitment and enthusiasm to think of different ways to keep people's spirits up. This included a garden project with home grown vegetables.

The care home was currently moving to an electronic system for care planning and further training was still needed for staff. We sampled this and found that relevant risk assessments were in place, but the outcomes from these were inconsistently used, to inform the care plans. Work was needed for people living in the newly opened short stay unit, to ensure information was robust. More detail should be included to guide staff around how best to manage episodes of stress and distress for people. Please see area for improvement 1.

People were supported to maintain contact with their family and friends as the home were working in line with Scottish Government's 'Open with Care' guidance. People were supported to access relevant professionals to support their health and wellbeing. Staff had good links with health professionals including, the community mental health nurse, GP and advanced nurse practitioner.

Areas for improvement

1. The service should review care planning systems to ensure care and support is in accordance with people's needs, wishes and preferences. Where people are unable to express these wishes, people closest to them should always be consulted.

This is to ensure care and support is consistent with Health and Social Care Standard 1.1: I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.

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

4 - Good

We evaluated, how well infection control practices support a safe environment for people experiencing care and for staff. We concluded that the service was performing at a good level.

The general environment was clean, tidy and free from any offensive odours. Equipment throughout the home was clean with a system in place, to maintain this throughout the day and night. The serveries within each unit were no longer able to be properly cleaned due to wear and tear. Planned maintenance work had been delayed, but was now re-scheduled for the next week.

Arrangements were in place, to ensure that frequently touched surfaces like handrails and light switches were cleaned at least twice daily.

We found that personal protective equipment (PPE) was readily available and staff wore appropriate PPE to keep people safe. Handwashing facilities and hand sanitiser were available throughout the home, however, staff would benefit from carrying individual sanitiser with them. The manager arranged this for staff before we left.

There were sufficient ancillary staff to maintain a clean environment. The home completed weekly dependence levels and planned staffing levels to meet these. The home had several vacancies which they were actively recruiting for, this was being mitigated by staff working extra and using agency staff as needed. This meant that any short notice absence of care staff proved difficult to cover. We felt assured that management were doing all they could to address this.

Staff practice reflected they had a good awareness of infection prevention and control measures, and quality assurance systems were now in place to monitor this.

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

Requirements

Requirement 1

The provider must demonstrate that the nutritional needs of people who use the service are met in line with best practice. In order to do this you must:

- Develop and implement clear prevention plans to avoid significant unplanned weight loss;
- Develop and implement clear treatment plans when people are identified with significant weight loss;
- Ensure that there is robust monitoring and audit of prevention and treatment plans;
- Develop and implement policy guidance for the prevention and management of significant unplanned weight loss;
- Demonstrate that the malnutrition risk screening tool (MUST) is used to fully inform practice;

Ensure that staff have the necessary skills to identify people at risk and how risks are to be managed.

To be completed by: 24 September 2021.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

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 2011/210).

This requirement was made on 13 August 2021.

Action taken on previous requirement

Please see information under Key Question 1.

Met - within timescales

Requirement 2

The provider must make proper provision for the health, safety and welfare of people using the service. In particular, the provider must:

Review their fall risk assessments, policy, procedures and demonstrate a decision making record following a person in their care:

- 1) Suffering a fall
- 2) If there is a change in circumstances such as health needs or medication changes

The provider must also:

Implement and record strategies effectively which have been put in place to reduce the risk of falls for people in their care Ensure that there is robust monitoring and audit of prevention and fall risk management plans.

To be completed by: 24 September 2021.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Section 64(1)(b) and section 64(3)(a) of the Public Services Reform (Scotland) Act 2010.

This requirement was made on 13 August 2021.

Action taken on previous requirement

Please see information under Key Question 1.

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 service should review care planning systems to ensure care and support is in accordance with people's needs, wishes and preferences. Where people are unable to express these wishes , people closest to them should always be consulted.

This is to ensure care and support is consistent with Health and Social Care Standard 1.1: I am accepted and valued whatever my needs, ability, gender, age, faith, mental health status, race, background or sexual orientation.

This area for improvement was made on 13 August 2021.

Action taken since then

Please see information under Key Question 1.

This area for improvement was not met and is repeated.

Previous area for improvement 2

The provider should ensure that people can independently follow directions to the garden and those who require assistance can freely choose when they wish to go into the garden. The garden must be a safe and secure area for people to enjoy fresh air.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that 'If I live in a care home, I can use a private garden.' (HSCS 5.23).

This area for improvement was made on 26 June 2019.

This area for improvement was made on 26 June 2019.

Action taken since then

Please see information under Key Question 1.

This area for improvement was 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?	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?	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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