

Marchglen Care Centre Care Home Service

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Fishcross
Alloa
FK10 3GN

Telephone: 01259 750 703

Type of inspection:
Unannounced

Completed on:
29 September 2021

Service provided by:
Caring Homes Healthcare Group
Limited

Service provider number:
SP2013012090

Service no:
CS2013318121

About the service

This service registered with the Care Inspectorate on 30 August 2013.

Marchglen Care Centre is provided by Caring Homes Healthcare Group Limited, who are part of Myriad Healthcare Ltd, with care homes throughout the UK. The care home is registered to provide care for 37 people. The service provides support for adults who have Learning Disabilities and complex needs; Learning Disabilities and/or neurological and Physical Disabilities; Physical Disabilities and complex needs, or Physical Disabilities.

The purpose built home is in the village of Fishcross. The home is separated into four units arranged over one floor. Three of the units were open at the time of the inspection. All the rooms have en-suite shower facilities and there are a number of accessible garden areas.

On the day of the inspection there were 27 people living in the care home. The service states its aim is to "provide high-quality nursing care and offer a day-to-day programme of agreed meaningful activity, this will enable the residents to maximise their independence and pursue personal development."

This inspection was carried out on 28 and 29 September 2021 by two inspectors from the Care Inspectorate.

What people told us

We spoke informally with a number of people living in the home. We also sought feedback from relatives by phone and e-mail.

Feedback was mixed, with comments as follows:

"Communication has become much better"

"There has been a number of nursing changes"

"The level of personal care from care staff is very high"

"Care staff could be more proactive in the wellbeing and activities of residents"

"I would encourage the appointment of key workers for every resident"

"It is frustrating to see such a great facility not reaching it's full potential"

"I'm very happy with my relatives care"

"Things are not great at the minute due to some staffing issues"

"My relative is often left sitting in front of the TV"

"Staff do not try alternative approaches"

"Its like banging your head against a brick wall to get changes"

"My relative is in bed for too long"

"My relative is very well looked after"

"My visits are still restricted due to Covid"

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 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

We evaluated how staff support people's wellbeing as weak. There were important weaknesses in practice which had the potential to impact on outcomes for people.

There were enough staff to meet people's needs, however, they did not work in a person-centred manner. Staff were task-focused and missed opportunities to interact with people. The service employed lifestyle coordinators who facilitated outings and activities for people. Care staff for the most part did not see this as part of their role, which led to limited opportunities for people. See Area for Improvement 1.

Staff did not always use respectful language when speaking about people's individual support needs. People were described as "singles" or "doubles" dependent on the number of staff needed to support them with personal care. This demonstrated a lack of value in people and a lack of understanding of the role of a care worker.

Some care practices were restrictive and did not promote people's dignity and human rights. We were concerned by the use of video and audio monitoring. This impacted on people's right to privacy and appropriate consents were not in place. The practice did not add to people's safety as staff were not overseeing the monitors in the way intended. This put people at significant risk of harm. See Requirement 1.

People were not being supported to work towards achieving personal outcomes. Staff needed to develop how they work with people and others involved in their lives to identify people's goals and aspirations, and work together to help people achieve them.

Positive behaviour support strategies needed to be developed for people who may experience periods of stress and distress. Plans were lacking in detail and did not contain enough information on the strategies that could be used to help people. This had the potential to lead to poor mental health outcomes for people.

At a previous inspection we made an area for improvement that people should be in agreement with any actions that can restrict their choices. We did not see sufficient evidence of this in practice so this area for improvement has been repeated. See area for improvement 2.

At a previous inspection we made an area for improvement that people who receive medication for agitation should receive care and intervention in the first instance so that medication is only provided as a last resort. We did not see sufficient evidence of improved practice so this area for improvement has been repeated. See area for improvement 3.

The service had recently had a number of issues around the safe administration of medication. Work had gone into improving processes and for the most part were sufficient. We discussed with the manager additional steps that could be taken to further enhance safety.

Some people we spoke with felt care staff could do more to promote good nutrition in the home. Some people were frustrated that they regularly had to address this with staff to ensure their family member had regular access to fruit. The service needed to develop and monitor practices to ensure that healthy choices were not only available, but actively promoted to people.

At a previous inspection we made an area for improvement that people holding welfare powers acting on a persons behalf should have meaningful input in their care. A number of people we spoke with indicated this was not always the case so this area for improvement has been repeated. See area for improvement 4.

Requirements

1.

The provider must ensure that people's rights are respected and promoted, and that care practices benefit people living in the care home and do not breach people's right to privacy.

By 31 October 2021 the provider must ensure that care promotes and protects people's dignity and privacy. In order to achieve this, the provider must:

- a) Revise the organisation's policy on hidden surveillance so that it reflects the current legal position and good practice guidance in Scotland.
- b) Review current care practices involving the use of video and audio surveillance within the care home, to ensure that its use is a necessary and proportionate response to risk.
- c) Ensure that where surveillance measures are agreed to be necessary, each person who is subject to hidden surveillance (or their appointed representative), gives their consent.

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

4.1 My human rights are central to the organisations that support and care for me.

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

2.7 My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used.

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

Areas for improvement

1. The provider should ensure people experience meaningful engagement. This includes regular activities tailored to people's individual likes both within the home and the wider community.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential'. (HSCS 1.6)

2. People should be in agreement with any actions that can restrict their choices and this should be clearly evidenced. If people are unable to make choices, their welfare appointee should be in agreement with decisions that are of benefit to the individual.

This is to ensure that 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)

3. It should be evidenced that people who receive medication for agitation should receive care and intervention in the first instance so that medication is only provided as a last resort.

This is to ensure that 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)

4. People receiving care should be supported with key decision making if they require this. The service should ensure that those who hold welfare powers acting on a person's behalf are having meaningful input at reviews, in particular, as and when people's needs change.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' (HSCS 1.28) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

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

2 - Weak

We found the performance of the service in relation to infection control practices to support a safe and clean environment to be weak. This meant there were important weaknesses in practice which had the potential to impact on outcomes for people.

There were frequent lapses in effective Infection Prevention and Control (IPC) measures in the home. Staff did not always demonstrate correct hand hygiene procedures before and during work activities, including when supporting people with meals. This had the potential to contribute to the spread of infections.

Personal Protective Equipment (PPE) was readily available in the home but not always stored appropriately. Some items were kept above toilets which posed the risk of contamination. Staff did not always wear masks appropriately. PPE was disposed of inappropriately in waste paper bins. This must be addressed through observation and quality assurance of practice to ensure appropriate standards are maintained.

General maintenance and repair within the home was required in order to achieve effective cleaning. Some furnishings and equipment were worn which meant that effective cleaning could not be achieved.

Greater attention to detail and quality assurance of cleaning was required to ensure it was completed to the right standard. For example, the underside of cushions and showering chairs was sometimes soiled. This again had the potential to lead to the spread of infection. See Requirement 2.

The provider had recently recruited additional nursing and care staff. We advised the manager that it would be good practice to ensure that new staff completed training on Covid-19 immediately rather than the current practice of allowing them 12 weeks to complete essential training.

Staff we spoke with felt well supported by the new manager and stated that morale had improved in the past few weeks. Opportunities for one to one meetings were still limited. This should be addressed so that managers and staff can have open conversations to overcome difficulties and ensure that staff work together for the benefit of people living in the home.

Requirements

1.
The provider must ensure that the risk of infection and cross contamination is minimised because the environment is clean and well maintained.

By 31 October 2021 the provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of spreading infection. In order to achieve this, the provider must:

- a) Ensure staff are trained and competent in effective Infection Prevention and Control practices, including through observations of practice.
- b) Implement daily quality assurance of staff practice around Infection Prevention and Control. Implement an action plan to address any areas for improvement with key dates for any areas for improvement to be met.
- c) Carry out an environmental audit and plan of works with anticipated completion dates for a maintenance programme to ensure furnishings, paintwork and equipment are in a good state of repair to allow for effective cleaning.

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

5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

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.

And 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).

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 in agreement with any actions that can restrict their choices and this should be clearly evidenced. If people are unable to make choices, their welfare appointee should be in agreement with decisions that are of benefit to the individual.

This is to ensure that 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)

This area for improvement was made on 19 November 2019.

Action taken since then

We did not see sufficient evidence of people or their welfare guardians being included in decisions. Staff told us that verbal consent had been given to restrictive practices around audio and video monitoring, but were unable to provide evidence.

Procedures for reviews of people's care required improvement to ensure people's views were appropriately captured with any actions required clearly documented.

This area for improvement has not been met and will be continued.

Previous area for improvement 2

It should be evidenced that people who receive medication for agitation should receive care and intervention in the first instance so that medication is only provided as a last resort.

This is to ensure that 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)

This area for improvement was made on 19 November 2019.

Action taken since then

We did not see strong evidence of proactive measures staff take to support people when they experience periods of stress and distress. Care plans for the most part described the behaviours people may display, but not the support they needed at this time.

The manager and staff need to develop how they record consistent proactive strategies for supporting people during periods of distress.

This area for improvement has not been met and will be continued.

Previous area for improvement 3

People receiving care should be supported with key decision making if they require this. The service should ensure that those who hold welfare powers acting on a person's behalf are having meaningful input at reviews, in particular, as and when people's needs change.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services.' (HSCS 1.28) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12)

This area for improvement was made on 19 November 2019.

Action taken since then

Procedures for reviews of people's care required improving. Minutes of reviews were vague and did not contain sufficient details on how people's views had been sought. Staff needed to further develop how they support people to be fully involved in decisions about their life as well as seeking input from key people.

This area for improvement has not been met and has been continued.

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

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