Three Towns Care Home
Care Home Service

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Unannounced

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Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

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CS2020379127

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.gov.scot.

Three Towns registered with the Care Inspectorate on 6 August 2020 to provide a care home service (with nursing) for up to 60 older people. The provider is Holmes Care Group Scotland Ltd. There were 52 residents living in the home at the time of our inspection.

The service is located in a residential area of Stevenston, North Ayrshire close to local amenities, shops and transport links. The care home is purpose-built with accommodation over two floors connected by a passenger lift. Ardeer unit is located on the first floor and has 33 single en-suite bedrooms, two large lounge/dining rooms and a smaller, quiet lounge. The ground floor Nobel Unit has 27 single en-suite bedrooms, a large lounge, separate dining room and an additional small lounge. Assisted bathing and showering facilities are provided on each floor. Residents have access to an enclosed garden with some bedrooms having patio doors leading out onto this area.

The stated aim of the service is:
"To provide the level of care and support needed to ensure that, as far as possible, residents can maintain their independence and individuality."

What people told us

We received feedback from six residents and five relatives. Comments were positive overall, and everyone spoken with praised the staff team for their kind, caring and considerate approach. Good communication was said to have been maintained throughout the pandemic and the re-introduction of visiting was appreciated. Comments from residents included:

"I like it here - the staff are very kind, and you get a wee laugh with them."
"I'm happy with the way things are done - no complaints."
"I was somewhere else before I came here and it's night and day. Much better here and I actually feel at home now."
"They look after me well. Sometimes I'm not so good and they always know what to do."

When relatives were asked if they were confident that healthcare needs were well managed, comments included:

"Oh yes - good bunch of girls."

When asked about personal plans, relatives commented:

"Yes, I know all about it."
"When I was allowed to visits, they were very accommodating."
"I am on their Facebook page, and it is so nice to see mum doing things. She likes to knit and doing stuff for the Euros. Really nice as I am such a long way away."
"Lots of things going on. Staff are really good and engaging with people."
"Mum's personal plan is needing done again."
"Can't thank them enough over the care that they gave to my father."

"Yes, always are (kind and compassionate). I have observed on many occasions when visiting. They are so good."
"I am involved. Over the phone at the moment but every 6 months. Mum and social work nurse and me go over it (personal plan) and tweak things."

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?	3 - Adequate
How well is our care and support planned?	3 - Adequate
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? 3 - Adequate

People experiencing care should experience compassionate care and support that meets their physical and mental health needs in a way that promotes dignity and respect for their rights as an individual. During this inspection we identified important strengths that had a positive impact on residents' daily lives.

The right to maintain control over decision making as much as possible must be protected for people using care services with staff adopting an enabling approach. Where residents were able to speak for themselves, they told us that staff respected their choices. We also observed staff promoting choices and decision making sensitively and with patience for individuals living with dementia who had reduced capacity. Staff adapted their approach and the management of tasks to respond to residents needs in the moment, helping to alleviate stress and distress. They used skilful interventions to reassure people and to protect their dignity.

People experiencing care should experience positive, trusting relationships with staff. We found that staff were knowledgeable about individual resident's needs, preferences and daily routines, responding promptly when assistance was needed. Interactions were friendly and supportive with staff often using humour appropriately to create a homely and relaxing atmosphere that residents responded to well.

Being able to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health is essential to maintain wellbeing. We saw that a range of activities had been delivered and relatives appreciated the Facebook page where they could keep up to date with what was happening in the home. However, we identified a lack of opportunities for residents to be involved in structured activities during our visit, including spending time in the garden given the good weather. The involvement of activities staff in testing and visiting protocols had contributed to this - see area for improvement 1.

There was a need to establish a culture where staff support residents to be more physically active in purposeful ways throughout the day to reduce the serious impact that inactivity can have on the quality of older people's health. Continued interest in the 'Care about Physical Activity' (CAPA) programme which promotes the health and wellbeing benefits of physical activity for older people was a positive step and this should be progressed - see area for improvement 2.

The care and support provided by staff should be beneficial to people's health and any treatment and intervention should be informed by evidence based good practice. We found that, overall staff had used their skills and knowledge effectively to assess residents healthcare needs, reviewing and adapting support responsively as things changed. Staff knew residents well and had planned care in a consistent way that reduced health related risks, involving other professionals when needed.

People experiencing care should feel confident that medication is being managed robustly and safely. We found that medication had been well managed overall which reduced risks and promoted effective treatment. Overstocking of some medication was an issue and this should be addressed.

Mealtimes should be well managed and organised to help people enjoy their food in a calm and unhurried atmosphere. We saw that saw that staff created a friendly and supportive environment. Choices were offered and staff were observant, taking care to minimise noise and distractions that could impact on the mealtime experience. Staff interacted with kindness, humour, and patience to ensure that residents living with dementia felt safe and supported. Staff also used their skills and knowledge of individual residents to gently encourage eating and drinking whilst promoting independence.

Areas for improvement

1. A programme of activities that enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be delivered. 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 outdoors and indoors.' (HSCS1.25).

2. Staff should support residents to be more physically active and occupied in purposeful ways throughout the day. Positive risk taking that enhances people's quality of life by helping them to maintain skills, abilities and reach their full potential should be promoted. 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).

- 'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life.' (HSCS 2.24).

How well is our care and support planned? 3 - Adequate

People experiencing care should be involved in discussing and agreeing their care and support needs at an early stage, regularly and when their needs change so that staff can deliver effective care and support in accordance with the personal outcomes that matter to people. The personal plans we looked at contained information about residents needs and how these were to be met. Staff had sought information from family members where individuals were not able to express their wishes and our discussions with staff showed that they knew residents well. Assessments and care plans had been reviewed regularly and updated in most instances to reflect any changes.

A revised personal planning format had been developed to prompt and support an improved focus on what matters most to each individual and the personal outcomes that they want to achieve. This was a positive development. Staff had recorded good information in the strengths, abilities, and support sections, highlighting a clear focus on the promotion of independence. Further work was needed to fully embed the formulation of personal outcomes, staff understanding of the principle of personal outcomes and a clear headline as to what each care plan is aiming to achieve - see area for improvement 1.

A single, monthly 'wellbeing evaluation' had been completed to cover all care plans. Some were seen to be brief with comment on some of the existing care plans omitted. The main focus was on healthcare and a more holistic approach is needed. For evaluation to be informative and meaningful, it must reflect the impact of the support delivered on the quality of people's lives and experiences - see area for improvement 1.

Anticipatory care plans (ACP's) help people to make informed choices about how and where they want to be treated and supported in the future. Some of the personal plans we reviewed did not contain ACP's and others lacked detail. This should be addressed to ensure that residents and their families are supported to discuss and establish future care needs and wishes - see area for improvement 2.

Care plans for supporting people living with dementia and the impact of this on their daily lives should be reviewed to ensure that they are sufficiently personalised. Triggers and the potential causes for stress and distress should be clearly assessed to inform detailed interventions that can help to minimise and manage incidents. Where psychoactive medication is prescribed, the reason for this and the management and review in accordance with good practice should be detailed.

Some of the nutritional risk assessments (MUST) had been calculated incorrectly because the weight loss percentage over the previous three to six months had not been taken into account. This has the potential to inform additional risk assessments incorrectly or delay action. Training for staff on the use of the MUST tool was ongoing and should continue to be monitored to ensure staff have the necessary skills and knowledge.

Where external healthcare professionals provide advice, this should be written into the relevant care plan, for example, nutritional treatment plans from dieticians.

Areas for improvement

1. Staff should ensure that people experiencing care are supported to play an active role in defining the personal outcomes that are important to them, adopting an inclusive approach that reflects people experiencing care having a sense of worth and engagement with life regardless of their needs or abilities. Sufficiently detailed recording and evaluation should demonstrate a strong focus on the way that planned care has achieved personal outcomes and delivered positive experiences. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23).

- 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

2. Anticipatory care plans should be developed to establish the future care needs of residents and their families. Plans should detail the choices people have made about how and where they want to be treated and supported in the future. This is to ensure care and support is consistent with the Health and Social Care Standards which state:

- 'I am supported to discuss significant changes in my life, including death and dying, and this is handled sensitively.' (HSCS 1.7).

- 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14).

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

We evaluated how well infection prevention and control (IPC) practice supported a safe environment for people experiencing care and staff. We concluded that there were some strengths, but that these were compromised by some important weaknesses that had the potential to substantially affect people's experiences or outcomes.

Protocols for assessing and confirming infection risk prior to admission had been implemented and new residents had been supported to isolate. This helped to reduce the risk of infection.

The environment was generally clean and tidy. Refurbishment of shared bathrooms and replacement of worn lounge and dining furniture had allowed more effective cleaning in addition to improving the quality of the environment for residents. However, we identified significant failings that meant that the service was not fully prepared to deal with an outbreak of infection. Enhanced cleaning, staff practice and quality assurance needed urgent improvement within a short timeframe.

Sluice rooms and domestic services rooms (DSR) were cluttered and poorly organised which meant they had not been cleaned effectively. We found a lot of miscellaneous items that should not have been stored in these areas including toiletries, used razors, equipment, and some clothing. Space and access for cleaning was very limited as a result. Hand washing facilities in DSR rooms could not be used as various items had been placed in the sinks. Sluices were unlocked which could place residents at risk.

Additional storage cupboards were also cluttered. Immediate action was taken to start to address the issues identified and we saw improvements when we returned the following day. However, more action was needed to remove all unnecessary items to allow effective cleaning and ensure good practice is established - see requirement 1.

Overall, equipment was clean and a process for cleaning and disinfecting reusable equipment such as hoists had been established. However, we did find some items that were contaminated including a shower chair and a protective bedrail bumper. Most of the chair cushions and mattresses we checked were satisfactory as checks had been put in place, but we did identify some issues with staining and a build-up of food debris on chairs and the undersides of tables - see requirement 1.

Frequently touched areas such as handrails, light switches, door handles and so on need to be cleaned and disinfected regularly to reduce the risk of cross-infection. Although the correct products were in use, the protocol for this was unclear and we did not see touchpoint cleaning taking place during the day as regularly as we would expect. More accountable record keeping was needed - see requirement 1.

PPE stations were available in Nobel unit but were not consistently well stocked. Bottles containing alcohol-based hand rub required more handling than dispensers and some had a build-up of matter on the lids as a result. PPE Stations and dedicated disposal bins had been removed from Ardeer unit for reasons related to residents needs without alternative arrangements being considered. Although PPE was available, the absence of sufficient stations close to the point of use did not support good practice and it was evident that PPE had not always been disposed of correctly - see requirement 2.

There was some evidence of auditing and checklists. However, our findings confirmed that IPC quality assurance processes were ineffective. We concluded that the high level of nurse vacancies and the absence of a depute manager had impacted on the managers ability to carry out regular and effective quality assurance checks of the home environment and staff practice. It was acknowledged that additional staff support was needed, and arrangements were put in place during the inspection to allow the manager to resume targeted monitoring of IPC standards - see requirement 3.

The laundry facilities were able to promote good IPC practice, but this had not been implemented by staff. Entry and exit via the same door and the lack of clear demarcation between dirty and clean areas risked clean items being contaminated. The hand washing area was cluttered and required cleaning. Cupboards were also cluttered and could not be cleaned effectively. Action was taken to address laundry procedures to a satisfactory standard during the inspection, but the maintenance of good practice needs to be closely monitored - see requirement 3.

We also evaluated if the staff team had the right learning and competence to support people in relation to COVID-19. We found that the service had a number of important strengths that had a positive impact on people's experiences and outcomes. Staff confirmed that they felt well supported by the manager and their colleagues. Staff were motivated and demonstrated resilience in the face of the challenges they encountered, providing warm and compassionate care to the people they supported.

Staff had undertaken training on general IPC and additional training on Covid-19. Staff spoken with were knowledgeable about aspects of IPC, but our findings indicated the need for further training. Quality assurance processes, including regular observations of practice need to be improved to ensure that learning is applied effectively. Displaying key elements of good practice guidance would be helpful. Input from external infection control specialists was sought by the manager during the inspection.

There was a contingency plan in place in case staffing was affected by the pandemic. It was of note that there were a number of registered nurse vacancies and regular use of agency staff. The housekeeper and activities coordinator facilitated visitor testing which impacted on their regular duties. Although there was a dependency assessment in use, there was no clear, outcome focussed process that also took account of relevant data such as quality assurance, feedback, increased duties, or observations of practice that should be used to inform safe and effective staffing levels - see area for improvement 1.

Requirements

1.
By 25 June 2021, the provider must ensure that the care home environment is safe, clean, and maintained in a manner that protects people experiencing care from the risk of infection. In particular you must:

- ensure that sluice and domestic services rooms are kept free from clutter and cleaned effectively
- ensure that sluice rooms are kept locked at all times
- ensure that all equipment used by people experiencing care is cleaned effectively
- ensure that cleaning products and processes comply with current IPC guidance
- implement procedures for the cleaning and disinfection of frequently touched surfaces including accurate and accountable record keeping
- implement training, monitoring and quality assurance processes to maintain good practice.

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

- Welfare of users; Regulation 15(b)(i) - Staffing, and in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
- 'My environment is secure and safe.' (HSCS 5.17).
- ' I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

2.
By 25 June 2021, the provider must ensure that the use of personal protective equipment (PPE) and alcohol-based hand rub (ABHR) is consistently implemented in line with current infection prevention and control guidance to protect people experiencing care and staff from the risk of infection. This includes the provision of sufficient, well stocked PPE stations and ABHR to support the correct donning, doffing and disposal of PPE and associated hand hygiene as well as quality assurance processes that monitor staff practice.

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

- Welfare of users; Regulation 15(b)(i) - Staffing, and in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:
- 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

3. By 31 August 2021, the provider must establish effective quality assurance processes to support and monitor evidence-based practice informed by current infection prevention and control guidance including, but not limited to:

- infection prevention and control training, focussed supervision and observations of practice that support staff to consistently promote good practice
- frequent monitoring and audit of the care home environment, equipment, and furnishings
- effective action planning to address areas for improvement.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 3-Principles; 4(1)(a)(d) - Welfare of users; Regulation 15(b)(i) - Staffing, and in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).
- ' I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

Areas for improvement

1. A clear, outcome focussed process that takes account of relevant data such as quality assurance, feedback, increased staff duties and observations of practice should be used when assessing dependency needs to inform safe and effective staffing levels. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

- 'My needs are met by the right number of people.' (HSCS 3.15).

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's outcomes and wishes	3 - Adequate

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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