

Arberglen Care Home Care Home Service

9 Udston Road
Hamilton
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Telephone: 01698 824 441

Type of inspection:
Unannounced

Completed on:
3 May 2022

Service provided by:
Acre Care Homes Limited

Service provider number:
SP2005007653

Service no:
CS2005102377

About the service

Arberglen Care Home is a care home for older people situated in a residential area of Hamilton, close to local transport links, shops and community services.

The provider is Acre Care Homes Limited and the service is registered to provide residential care and support to a maximum of 21 older people.

There are 21 single rooms, five of these provide en-suite facilities. The home is built over two floors with a chair lift providing access to the upper floor.

The ground floor has a communal dining area as well as three communal lounges. Two of these are situated at the front of the building with one to the rear.

Residents and visitors can also access a secure, mature garden area to the side and rear of the building

At the time of this inspection there were 18 people living at the home.

About the inspection

This was an unannounced inspection which started on 28 April 2022, and was completed by two inspectors from the Care Inspectorate.

We found significant weaknesses which compromised the safety and wellbeing of people. We issued a letter of serious concern to the service on 28 April 2022. This outlined the need to improve infection prevention and control practice by 2 May 2022.

We re-visited the service on 3 May 2022, to review progress aligned to the requirement set and to conclude the inspection. We found improvement had been made.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service.
- spoke with five staff including management.
- observed practice and daily life.
- reviewed documents.
- spoke with external healthcare professionals.

Key messages

- Residents told us they were happy living at the home.
- Staff were kind and caring and wanted to provide good care.
- The provider must improve the quality assurance system in order to improve standards and support continuous improvement within the service.
- Improvements are needed to ensure that furniture, fixtures, fittings, and equipment are clean and fit for purpose.
- The provider must ensure improvements to documentation in relation to the content of the care plans to ensure staff have access to the most up to date information.
- Staff practice would benefit from further training and supervision.
- Three areas for improvement have not been met from previous regulatory activity.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	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?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, significant weaknesses compromised these. The weaknesses, either individually or when added together, substantially affect peoples' experiences and outcomes.

Staff were caring and supportive and demonstrated that they knew the residents well who appeared relaxed and well presented. Staff encouraged mobility and supported individual choice and people were able to choose where they wanted to spend their time. Those we spoke to told us staff were kind and looked after them well and they enjoyed the food and company. This helped people feel included and helped prevent feelings of isolation.

The good support and interaction we saw was undermined by the poor standards of cleanliness that people were living in. The continued lack of effective cleaning over a prolonged period of time has resulted in people living in an unclean environment. This compromised their safety and wellbeing, and demonstrated staffs lack of respect for the people living in the home. This gave us concerns over staff's knowledge and standards of practice particularly in relation to infection prevention and control (see area for improvement 1).

People's health care needs were recorded within the support plans, and there was a good level of advice and support provided by external healthcare professionals. Staff recorded any daily support and intervention within various locations, and although the information was there, it was time-consuming and difficult to collate for the purpose of auditing. We discussed how to improve this with the manager and suggested using some best practice guidance to support better recording particularly with oral and bowel care (see area for improvement 2).

There had been a high level of unwitnessed falls since the beginning of the year, some of which involved people who experienced repeated falls. The manager carried out a monthly analysis of falls and contacted external health care professionals for advice and support on how to manage and reduce these. The falls policy had been updated, and staff rotas had been reviewed. This resulted in a change to the shift patterns with additional staff support included to cover peak times. Staff told us this had been beneficial and we look forward to seeing if this has had a positive influence in reducing the number of falls (see area for improvement 3).

It was good to see that visiting was not restricted and residents were able to maintain regular contact with people who were important to them, with the Care Home complying with 'Open with Care' guidance. This helped people maintain important connections and support their emotional wellbeing. Following the recent outbreak of Covid-19 the manager discussed plans to re-engage with residents and families through the re-introduction of meetings.

The activity person supported some residents to take part in a group activity, while others were happy watching television in their rooms. Residents had started to get back out into the community, and it was good to see that activities were starting to take place again which helped support people's physical and mental health.

Housekeeping staff were undertaking cleaning each day and there were records in place to record that rooms and communal areas had been cleaned. However, there was no record of mattress, soft furnishing

checks, or evidence of management audits to spot check standards. These poor standards of cleaning within the home meant people were at risk from the spread of infection. Due to our concerns, we issued a letter of serious concern to the provider on 28 April 2022, requiring immediate action. We returned on 3 May 2022 to review progress. We acknowledge that action has been taken in terms of an environmental audit of equipment and furnishings, and we could see that an action plan has been implemented to continue to address these issues going forward. In order to ensure this level of commitment to improvement continues, we requested regular updates from the provider (see requirement 1).

Requirements

1. By 16 May 2022, the provider, must submit an action plan to the Care Inspectorate with details of an environmental audit including all fixtures, furnishings, chairs, cushions and mattresses that have been identified for repair or replacement. This must include details of ordering replacements as needed, and expected delivery dates for items to provide evidence of a continuous plan of improvement.

This is to comply with Regulations 4(1)(a) and (d) and Regulation 10(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

Areas for improvement

1. The provider should ensure that all staff review their Scottish Social Service Council codes of conduct. This is to ensure that staff clearly understand their responsibility in treating people with compassion, dignity and respect.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I experience care and support where all people are respected and valued' (HSCS 4.3)

2. The provider should source and implement best practice documentation to enable staff to improve the recording and overview of people's health care needs including oral and bowel care.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

3. The provider should ensure they keep people safe and healthy by reducing the risk of falls. Any changes should be recorded and care plan updated accordingly. An overview of accidents, incidents and falls should provide actions taken to prevent future falls.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty' (HSCS 3.18)

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The provider and manager were receptive to our feedback and took immediate action upon receipt of the letter of serious concern to improve the standards of cleanliness in the service. We understand these improvements will take time and have agreed on fortnightly progress updates to monitor and ensure improvement remains an ongoing process.

We acknowledge the challenges and impact Covid-19 has had on the staff and management, particularly following a recent outbreak within the service. This has resulted in some gaps in the quality audits, observation of practice, and general oversight of the home. There was evidence of some audits having taken place, in particular accidents/incidents and falls. However, the overall quality assurance system needs to be reviewed and streamlined. The current system is not effective which has resulted in a failure to recognise significant issues, particularly with maintenance and cleanliness of the environment. This lack of management oversight has resulted in a need for significant improvement to enhance the standard of living for people in this home (see requirement 1).

We noted a number of repairs and maintenance issues which had not been reported or actioned. The lack of management oversight to ensure repairs are recorded and actioned has contributed to a decline in the standards of the environment for people living here. This was a previous area for improvement and has not been met. We will continue to monitor how this is progressing through regular updates from the manager and future inspections (see area for improvement 1).

A review of the quality assurance systems and completion of a self-evaluation will assist the manager to complete a development plan. This will demonstrate how the service plans to address issues and move forward to improve standards for people living here (see area for improvement 2).

Requirements

1. By 27 June 2022, the provider, must ensure that there is an effective and robust quality assurance system which can demonstrate continuous improvement. Where areas for improvement have been identified within the managers auditing system, there must be sufficient information to show remedial actions taken to minimise risk, and progress made until fully resolved.

This is 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 is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. In order to ensure that people are supported and cared for in a safe, well maintained environment, the provider should ensure that any repairs, replacements or renewals are recorded and acted on timeously and effectively. The repairs log book should be regularly and effectively audited by the manager, and all outstanding matters should be addressed. This information should be shared with the Care Inspectorate on a fortnightly basis meantime.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

2. The provider should work on a self-evaluation and include the outcome of this within an up-to-date service development plan. This will enable the service to identify and prioritise any issues requiring intervention and demonstrate ongoing improvement.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, we found staffing practice that demonstrated strengths in supporting positive outcomes for people, and these outweighed weaknesses.

We recognise there have been significant challenges for the service particularly with staff absence during the pandemic. From speaking to staff and observing the standards of cleanliness in the home, we found that this has impacted on staff's ability to ensure thorough and effective cleaning of the home, putting people at risk of cross infection.

We spoke with staff who told us that meetings were taking place and that they felt supported by the manager and well-informed of any changes. Staff supervision had not been taking place regularly, and the manager discussed plans to re-start this in order to support staff in their ongoing learning and development (see area for improvement 1).

Staff told us they had access to a range of training, and training records showed good attendance for online training, including infection prevention and control. Additional training and support was being planned through the Health and Social Care Partnership to support further development of staff skills and improve practice. Following training, staff completed reflective accounts to assess how beneficial this had been.

People could not be confident that staff had the necessary knowledge and skills to support their needs and provide a safe, clean environment to live in. To maintain people's dignity, it is important that staff provide support to people to help manage their continence. The level of contaminated mattresses and furniture found suggested that this was not happening, and staff required further training and support in this area (see requirement 1).

Requirements

1. By 27 June 2022, the provider, must ensure that staff receive training in the management of continence care in order to ensure that people are supported and cared for in a respectful and dignified manner. This must include an effective quality assurance system which can demonstrate how effectively staff are managing continence care, with evidence of additional training, supervision or support where concerns are identified.

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

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability and frailty' (HSCS3.18)

Areas for improvement

1. In order to ensure that people are supported and cared for by a well-trained and motivated workforce, the manager should ensure staff have access to regular one to one meetings in line with the services supervision policy.

This is 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)

How good is our setting?

2 - Weak

Our focus in this inspection was to establish if the setting was safe and well maintained. We found the performance of the service was weak. This applies to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences and outcomes.

Initial impressions when you enter the home is that it is an old building in need of refurbishment. On closer inspection it is apparent that the environment is not clean. There were cleaning schedules in place which suggested that cleaning was being carried out, however, this had not been taking place to an acceptable standard. This meant people were at risk from the spread of infection.

Regular cleaning of beds, mattresses and chairs needs to be implemented and monitored to reduce the spread of infection and help maintain people's 'health and wellbeing. There had been plans to upgrade and refurbish the home, however, this has been postponed due to the pandemic. We found a number of outstanding maintenance issues and repairs which affected the homeliness of the environment and compromised people's comfort (see requirement 1).

At the previous inspection, we requested the service review the movement and segregation of dirty and clean laundry in order to reduce the risk of cross contamination. Due to the pandemic and subsequent delays in upgrading the environment, this was still under review (see area for improvement 1).

We saw staff offering and providing drinks and snacks, however, adapting a space to provide a facility for people to make drinks and snacks independently was still to be actioned (see area for improvement 2).

Requirements

1.
By 27 June 2022, the provider, must ensure people experience care in an environment that is safe, well maintained, and minimises the risk of infection. This must include:
 - a) ensuring that the environment is cleaned thoroughly, including all equipment, and furnishings,
 - b) that damaged items of furniture, equipment, and general repairs have been identified and removed/

repaired to support effective cleaning and ensure a safe environment, and

c) develop, implement, and monitor a cleaning schedule that is effective and audited regularly by management to ensure effectiveness.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

Areas for improvement

1. The service should review the movement and separation of dirty and clean laundry within the space to reduce the risk of cross contamination.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

2. The service should ensure that people have access to snacks and drinks throughout the day, that they can make and prepare with support as needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which states: 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible'. (HSCS 1.38)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas needed to improve.

People had personal plans in place which set out how their health and care needs would be met. However, some of these require to be updated and re-written to reflect the most up to date, current need. There was some good detail in the monthly evaluations which provided the most up to date information for the person, however reading through these to find this information can be time-consuming and confusing for staff.

The level of detail included within the plans varied, some were better than others. This included the information recorded for people experiencing stress and distress and how staff could recognise and positively manage this for the person.

There were anticipatory care plan summaries which were introduced during the pandemic. A more up to date detailed plan should now be implemented to indicate people's wishes, should their health needs change.

We discussed the need to now archive some of the Covid-19 guidance within the support plans and replace this with the most up to date information. This will assist staff in keeping up to date with continued change.

Improving and updating the information in the personal plans will benefit staff and enable them to deliver care and support safely and effectively (see requirement 1).

Requirements

1.

By 27 June 2022, the provider, must ensure that people experience care and support that is safe and right for them by improving individuals' personal plans to:

- a) provide current detailed and accurate information to support staff when providing care and support
- b) introduce a more detailed Anticipatory Care Plan to record people's wishes in the event of a deterioration in their health.
- c) provide more detail on how to recognise and manage people who are experiencing increased levels of stress and anxiety. The information recorded within the personal plans must include measures to recognise, manage, support, and reduce levels of distress.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability or frailty' (HSCS 3.18).

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 the movement and separation of dirty and clean laundry within the space to reduce the risk of cross contamination.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 27 January 2021.

Action taken since then

There were plans to refurbish the environment including the laundry. Unfortunately, due to the pandemic, this has been postponed and this area for improvement has not been met.

Previous area for improvement 2

The service should ensure that people have access to snacks and drinks throughout the day, that they can make and prepare with support as needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which states: 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible'. (HSCS 1.38)

This area for improvement was made on 14 October 2019.

Action taken since then

People were offered drinks and snacks, however, due to a delay caused by the pandemic, plans to refurbish the environment had not been progressed been to create space for people to access drinks and snacks independently. This area for improvement has not been met.

Previous area for improvement 3

In order to ensure that people are supported and cared for in a way that promotes and enables their independence the provider should ensure that any repairs, replacements or renewals are acted on timeously and effectively. The repairs log book should be regularly and effectively audited by the manager and all outstanding matters should be addressed.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which states: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

This area for improvement was made on 14 October 2019.

Action taken since then

The current auditing system had failed to identify the number of repairs and issues we found at the inspection. This area for improvement has not 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?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	2 - Weak

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

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

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