

Cathkin House Care Home Care Home Service

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East Kilbride
Glasgow
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Telephone: 01355 234 070

Type of inspection:
Unannounced

Completed on:
14 June 2022

Service provided by:
Care UK Limited

Service provider number:
SP2003002341

Service no:
CS2011300794

About the service

Cathkin House Care Home is a purpose-built home situated in Neston Village which is residential area on the outskirts of East Kilbride.

It has easy access to local amenities and transport links. The provider is Care UK Limited and the service is registered to provide care and support to a maximum of 44 older people.

The care home has 44 single rooms with en-suite facilities and is built over two floors. There is a passenger lift providing access to each floor where there are spacious communal lounge, dining areas and bathing facilities.

There is a well maintained, spacious garden area, with wheelchair access and seated areas for residents and their visitors use.

At the time of this inspection there were 39 people living at the home.

About the inspection

This was an unannounced inspection which took place on 9, 13 and 14 June 2022.

The inspection was carried out by two inspectors from the Care Inspectorate.

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 four people using the service and three relatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Residents told us they were happy living at the home.
- Staff were kind and caring.
- The provider must improve the quality assurance system in order to sustain and support continuous improvement within the service.
- The provider should continue with the ongoing improvement to documentation to ensure peoples health and wellbeing needs are met.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 3 - Adequate |
| How well is our care and support planned? | 4 - Good |

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

Our evaluation for this key question was good. The care provided was of a good standard and we had no concerns about people's needs being met.

Staff were caring and supportive and demonstrated that they knew the residents well, who appeared relaxed and well presented. Staff encouraged mobility, supported individual choice and people were able to choose where they wanted to spend their time.

We received positive comments from the residents and relatives we spoke to, who told us staff were kind and looked after them well. One person told us "this home should be a benchmark for how all homes should be".

The service was following 'Open with Care' national guidance which supported meaningful contact with families and friends.

This was achieved through visits to, and out with the home. The use of technology as well as telephone calls, newsletters, and social media posts helped people feel included preventing feelings of boredom and isolation.

People spoke positively about the visiting arrangements which helped support them as well as their relative's wellbeing. One relative told us they visit every day at different times and the staff are always welcoming and supportive.

Meetings and reviews were taking place in order to gather views and suggestions on how to take the service forward and support ongoing improvement. People told us they were happy and felt they were listened to and we concluded that outcomes for people were good. However the evidence to demonstrate how suggestions were taken forward and positively actioned could be collated and presented in a clearer way (see area for improvement 1).

Choice and preferences were recorded in people's personal plans and life stories. Individuals were encouraged to maintain previous skills and interests and we saw people had enjoyed going fishing to a local loch, painting, and cooking with the chef.

Staff motivated and encouraged residents to participate in what was going on. We saw staff encouraging independence and mobility with daily exercise classes, domestic chores or walking round the garden which people were clearly enjoying.

Risk assessments were in place and up to date and there was evidence of good links with external professionals for any additional advice and support where needed.

Staff told us they had received training and were competent in administering medication using an electronic recording system. Residents were also able to manage their own medication if they chose to do so promoting choice and independence.

Additional monitoring charts were in place and were generally completed well with the exception of bowel and oral hygiene charts where we found some gaps. The management team were receptive to our feedback

on how to improve these. We were assured by the actions taken to audit this existing documentation and provide additional training for staff in order to improve their practice when monitoring and recording peoples' health needs.

The home was clean and fresh and the service had policies and procedures in place for the management and monitoring of infection control. Staff had received training and demonstrated a good knowledge of this, as well as, donning and doffing of personal protective equipment (PPE) and hand hygiene. We suggested ensuring the best practice guidance posters continue to be displayed in bathrooms and PPE stations as a reminder to staff of current guidance.

The manager and staff were aware of the arrangements to put in place should a person test positive for COVID-19. This followed best practice and assisted with the continued protection of people and staff from risk of infection.

Areas for improvement

1. To ensure people feel valued and their views and choices respected, the provider should ensure any suggestions/requests from consultation are recorded within an action plan and updated until positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS2.11).

How good is our leadership?

4 - Good

Quality assurance and improvement is led well. Our evaluation for this key question was good.

There was evidence of effective management oversight and this was evident from the feedback and positive practice and outcomes for people we saw throughout this visit.

The management team were responsive and committed to driving the service forward. This was reflected in an ongoing development plan which demonstrated plans to take the service forward to ensure continuous improvement.

There was an extensive, quality assurance system covering all aspects of how the care home was performing. Senior management had an oversight of this to ensure all actions identified were being positively actioned to ensure positive outcomes for people.

We discussed ways to improve and streamline this system to ensure better presentation of evidence and outcomes. Archiving old documentation from previous years will remove out of date information and assist the management team to collate and present evidence which is easily accessible, up to date and relevant.

Complaints were recorded and acknowledged by the manager with good evidence of actions taken to review and resolve any issues raised. People we spoke to told us they felt confident in raising concerns and felt they were listened to.

We suggested the manager also includes a record any minor issues within the complaint log. This will ensure all minor concerns are recorded and positively addressed before they escalate further into a complaint.

Prior to the inspection we identified concerns relating to how the service were notifying us of significant events. We were concerned that the information we received from the service differed from other external partners, as well information not always being submitted on the correct document. This resulted in confusion and difficulty in following up concerns to ensure peoples health and wellbeing needs were being monitored and managed safely.

We spoke to the management team, who were receptive and able to provide the correct information to clarify and update us on the information we required.

We were assured by further actions taken by the management team to meet, discuss and engage with external partners to clarify and improve the information required going forward. Additional training and support sessions has also been organised for staff to ensure a better understanding and ensure ongoing improvement (see area for improvement 1).

Areas for improvement

1. The provider should ensure staff who are responsible for submitting notifications of significant events to the Care Inspectorate as well as to external professional agencies have received training, support and have access to the most up to guidance in order to support them to complete and submit these accurately.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: ' If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17)

How good is our staff team?

4 - Good

Our evaluation for this key question was good.

Staff were skilled, motivated and spoke positively about working in the service as well as the standard of care and support provided. Staff were visible and we observed good staff interaction, people we spoke to told us staff were nice, kind and responsive to their needs.

People could be confident that staff had the necessary knowledge and skills to support their needs safely. Staff told us they had access to a range of training, and training records showed good attendance for both online training and face to face training. There were comprehensive, informative competency assessments in place that staff had completed following medication training. We suggested using this assessment template when planning further training as well as gauging how staffs' practice and knowledge had improved.

Staff recruitment was continuous and where needed agency staff were used to ensure there were adequate staff working within the home to meet peoples' needs.

Dependency assessments were carried out and used by the manager to calculate the staffing levels required for the home.

There had been a high level of unwitnessed falls, some of which involved people who experienced repeated falls. The manager had carried out a review of this to identify common themes. In order to try and reduce these further, staffing levels had been increased to cover these peak times. We look forward to seeing the impact of this and if this has reduced the number of falls at future inspections.

We received some mixed feedback on staff's perception of the dependency and staffing levels within the home. Some staff told us there were enough staff while others disagreed. Some felt supported and able to raise concerns through supervision and staff meetings, while others told us this could be better and felt they were not listened to particularly in relation to staffing levels.

Staff supervision and meetings were taking place, however actions and outcomes were not always clear to demonstrate staff's views had been taken forward and resolved. Supervision sessions should provide staff with the opportunity to discuss and resolve issues in order to improve morale and practice (see area for improvement 1).

Areas for improvement

1. To support staff to feel valued, listened to and their views and suggestions taken into account the provider should ensure staff have the opportunity of attend regular supervision and staff meetings. Issues and suggestions from these meetings should be included within an action plan with evidence of actions taken until resolved and positively concluded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support is consistent and stable because people work well together' (HSCS 3.19)

How good is our setting?

3 - Adequate

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

Individual rooms were clean, tidy and comfortable. Home furnishings and personal belongings added to a homely environment specific to peoples individual choice. Drinks and snacks were available and people had access to a nurse call system. Others who had restricted mobility and were at risk of falls had assistive technology installed to alert staff if they needed assistance.

Communal areas were spacious and clutter free, and staff were supporting people to mobilise at their own pace. There was easy access into a well maintained, secure garden area and we saw residents outside enjoying the nice weather, relaxing with staff.

We found a shower chair which was rusty and worn and some of the chairs within the communal lounges and individual rooms were worn, stained and in need of replacement. We were informed this had already been identified and the provider had placed an order to replace these items. However, we were not provided with further evidence of dates for delivery to support this. The service should introduce a system to regularly check the cleanliness of fixtures and fittings to ensure they are clean and fit for purpose. This will reduce the risk of cross contamination which can have a negative impact on peoples comfort (see area for improvement 1).

Some of the lighting was dull and signage was poor and could be better to support the needs of people with dementia, mobility and visual impairment. This meant that some people may not feel confident in finding their way around the home independently (see area for improvement 2).

People had access to en-suite showers in their rooms. However, if they chose to have a bath this was restricted due to two communal bathrooms being out of use resulting in lack of choice and resources for people to use (see area for improvement 3).

Maintenance and minor repairs were recorded within each unit. It was not clear how actions identified were followed up and resolved in a timely manner to maintain people's safety.

The current quality assurance system used for recording and presenting evidence in relation to environmental audits and safety certificates is not effective. We experienced some difficulty in obtaining the most up to date information to demonstrate that all necessary checks and outstanding actions had been completed. This resulted in having to contact external agencies for clarity to ensure the environment was maintained and safe for people.

Prior to concluding the inspection, we were provided with evidence of these checks and felt assured these had been carried out. We suggested the manager review and archive old documentation to ensure only the most relevant and up to date checks are in place and accessible.

We saw that actions identified through these environmental and safety checks had been signed as completed, however there was no detail recorded on the actions taken and how these had been positively resolved (see requirement 1).

Requirements

1. By 30 December 2022, the provider, must implement a system to ensure that there is an effective, up to date quality assurance system in place which can demonstrate continuous improvement. Where areas requiring repair and improvement have been identified within the auditing system, there must be up to date and sufficient information to show 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. The service should ensure that all furnishings, fixtures, fittings and equipment, are clean, intact and fit for purpose. A regular review of the equipment in the care home should be carried out to identify priorities. Any items in a poor state of repair or contaminated, should be removed and replaced.

This is to ensure care and support is consistent with 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.

To ensure the environment promotes independence the provider should enhance the quality of the facilities by improving directional signage, ensuring consistent and adequate levels of lighting in order to support people to mobilise safely and independently.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this'(HSCS 5.11)

3. To ensure people experience a high quality environment the provider should review the number of communal baths currently available to ensure people have a choice and can access a bath if and when they choose to do so.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: ' As an adult living in a care home, I have en-suite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people' (HSCS 5.30)

How well is our care and support planned?

4 - Good

Our evaluation for this key question was good.

People had personal care plans in place which set out how their health and care needs would be met. These plans were recorded within a digital system which staff can print upon request.

Some of the residents we spoke to told us they were aware of their care plans and were involved in updating and evaluating these. Relatives told us they had been consulted and were involved in regular reviews to ensure they were kept up to date and aware of any changes.

There was some good detail and information for staff around individual medical conditions and how to support and manage these effectively.

There was evidence of links with external professionals who staff consulted if they had any concerns or required additional support. Relevant risk assessments were in place and updated regularly with protocols and guidance for staff for high-risk conditions that required additional monitoring.

Some of the plans contained better information than others, some provided good detail on peoples needs and preferences, while others had some conflicting information. There was lack of detail around end-of-life care and staff were currently working on improving the content of the anticipatory care plans in order to record peoples wishes should their health needs change.

Staff had recently received training on Namaste Care. This is used to support people with advanced, end stage dementia. The manager discussed plans to implement this model of care and we look forward to seeing how this has developed and benefited people at the next inspection visit.

We acknowledge that improving these plans is work in progress with management regularly auditing these to ensure continued improvement.

Although we did not see anyone experiencing increased levels of distress and anxiety the information recorded within the plans could be better. More detail will assist staff to recognise and provide appropriate interventions to alleviate and manage this effectively.

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

In order to ensure that staff are given clear and relevant guidance, the service should ensure that all policies and procedures reflect current Scottish legislation and best practice guidance.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This area for improvement was made on 2 December 2020.

Action taken since then

The policies and procedures we reviewed contained details of current Scottish legislation and best practice guidance.

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

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| How well do we support people's wellbeing? | 4 - Good |
| 1.1 People experience compassion, dignity and respect | 4 - Good |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - Good |
| 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 | 4 - Good |
| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| How good is our staff team? | 4 - Good |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 4 - Good |
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |
| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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