

Castle Street Care Home, Living Ambitions Limited

Care Home Service

16 Castle Street
Rutherglen
Glasgow
G73 1DY

Telephone: 01416 470 493

Type of inspection:
Unannounced

Completed on:
16 June 2022

Service provided by:
Living Ambitions Ltd

Service provider number:
SP2003000276

Service no:
CS2003001388

About the service

Castle Street Care Home was registered with the Care Inspectorate on 1 April 2011. The provider is Living Ambitions Ltd.

The service is registered to provide a 24-hour care service to a maximum of nine people who may have a learning disability, physical or sensory impairments.

The service is in the town of Rutherglen, South Lanarkshire and is located near the main road with easy access to transport, shops, and services.

The home is a ground floor property with nine bedrooms and a shared lounge, kitchen, and dining room. There is a garden area to the rear of the property which residents can use.

There were eight people living at the service at the time of this inspection.

About the inspection

This was an unannounced inspection which took place 14 to 16 June 2022.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 six people using the service and two of their relatives; and we met with four staff and the management team. We also observed practice and daily life for residents, reviewed documents, and spoke with professionals visiting the service.

Key messages

- The home was clean and tidy throughout.
- Infection prevention and control practice was of a good standard.
- The staff and management teams had worked together to make improvements since the last inspection.
- Residents told us they were happy living at the home and had good relationships with the staff.
- Some residents said they would like the opportunity to get out on more trips away from the home.
- Information in people's personal plans and health charts had been improved since the last inspection.
- Staff had received training and support in key areas since the last inspection in order to improve their practice.
- The management team were working towards ongoing improvements at the service.

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? | 4 - Good |
| 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 with progress evident in the standard of information recorded and appropriate actions taken to address residents' health needs.

Resident's health and wellbeing benefitted from their care and support.

The support provided for residents' health and wellbeing was good. Staff were caring and attentive in their interactions and demonstrated a commitment to providing a good standard of care. Residents told us they were well looked after with some noting that their families could no longer look after them and they were glad to be living at the care home and have the staff to help them.

The service had a homely feel to it with residents moving around freely and independently of staff. The residents told me they could choose when they wanted to get up, when and what they wanted to eat and what they wanted to do each day. It was good to see that the residents were not restricted in their daily lives.

Where residents needed or requested help, staff assisted them effectively. The residents knew staff by name and were comfortable to ask for help. This showed that the residents were comfortable within their home and the staff had a good understanding of their needs and how best to support them.

At the last inspection we were concerned about the standard of health information recorded in personal plans and we asked the service to address this. The health records we sampled at this inspection held all key information about the residents' health needs and the support they needed. There was also a noted improvement in medication, nutrition and falls records which confirmed that the standard of health information was much improved.

Residents' health needs were being addressed through good links with GP surgeries, community nursing teams and other health professionals. We could see from health records when calls or visits were made, the outcome of discussions and advice for good health care. This provided reassurance that the residents' health needs were recorded and met effectively to help them stay well.

Residents were able to maintain relationships with their friends and family.

Visiting was taking place in line with the Scottish Government 'Open with Care' and the local health protection team's guidance. Visiting information was recorded in personal plans detailing the people who were important to them and how they wanted to stay connected with them.

The care home facilitated indoor or outdoor visiting, and some residents had been visiting their family and friends in the community and attending family events. It was good to see that important social and emotional connections were sustained for the residents to ensure they did not feel isolated from their friends and families.

The staff were encouraging and supportive of connections and kept people updated through telephone calls, social media use or in person. Relatives told us they had been kept informed throughout the pandemic but would welcome improved information about what is going on in the service including planned activities. We passed this information to the management team who agreed to address this.

Infection prevention and control guidance was being followed to protect residents from the risk of Covid-19 transmission.

The care home was clean, fresh, and tidy throughout. The staff team had received training for Covid-19 and infection prevention and control (IPC) and had increased cleaning routines to ensure guidance was being followed. This included close attention to detail in cleaning all areas of the home.

There was a good stock of Personal Protective Equipment (PPE) around the home with handwashing and disposal facilities in place. The staff team were observed to be using PPE correctly and were following IPC guidance. Regular testing and checks were in place to prevent transmission of Covid-19 to residents at the care home with all visitors screened for risks.

The management team used meetings, communication books, and telephone calls to assist in conveying Covid-19 guidance to all associated with the service. People told us this worked well and that there were no issues regarding communication with the service during the Covid-19 pandemic.

How good is our leadership?

4 - Good

Quality assurance and improvement is led well

Our evaluation for this key question was good. Management oversight had improved considerably, and it was evident this was starting to drive improvement.

During the last inspection we were concerned that there was a lack of checking taking place to ensure safe care was being provided. Since that time, the management team had introduced new audits, trackers, and checklists to identify any errors then address them. This demonstrated an effective overview of the service with actions taken to ensure safe delivery of care for the residents.

The management team had also developed improvement plans based on their audits and we could see evidence of issues being addressed based on their findings. We suggested that rather than having several improvements plans it would be better to have a single document for more clarity on the aspirations for the service. The management team agreed to address this.

There was evidence that residents, their relatives, and the staff team were able to provide feedback on the service through reviews and meetings. In addition to this, the management team had recently introduced a suggestion box that could be used to request changes and improvements. This was good to see as it provided opportunities for improvement within the service.

We discussed the use of regular surveys and newsletters and how they can offer wider opportunities for all associated with the service to provide feedback. The management team were planning a survey and agreed to consider additional options to encourage feedback. We will review this at the next inspection.

How good is our staff team?

4 - Good

Our evaluation for this key question was good. Staff training had been progressed in all areas previously noted and the management team were working to develop staff skills and knowledge further.

Staff have the right knowledge, competence, and development to care for and support people.

At the last inspection we were concerned that staff training was overdue in several key areas including medication, moving, and assisting and infection prevention and control. At this inspection, we found that training had taken place in all key areas with high levels of participation from the staff team which addressed our previous concerns.

The management team had also implemented auditing, observations and evaluations of staff practice. Where errors were identified, support, training and supervision were in place to improve staff practice. This addressed our concerns about appropriate checks to ensure a safe standard of care was provided for the residents.

Regular staff meetings and communications logs had also been introduced to ensure relevant information was passed on. This included for health appointments, visiting, outings and any concerns about the residents' health and wellbeing. It was reassuring to see that communication had improved leading to more responsive care provision.

Our observations of staff evidenced caring and attentive practice. We could see that the staff team knew the residents and their preferences. They encouraged residents to participate in activities and comforted those experiencing stress and distress. It was evident the staff team understood and responded effectively to the residents' needs.

An issue raised during the inspection was that staff were not always able to provide sufficient one-to-one time for residents. Some residents said they would like to have support for activities outside the care home and related to their own interests. Others stated they needed more individual time with staff, but felt the staff were too busy.

We discussed this with the management team who advised that recruitment for additional staff and further developments in meeting individual residents needs is ongoing with the aim of addressing this. We will review progress with this at next inspection.

How good is our setting?

4 - Good

Our evaluation for this key question was good. There was good evidence that residents were closely connected with the community and took part in a range of activities.

People can be connected and involved in the wider community

It was good to see that residents used a range of services in the community. This included going shopping, visiting the hairdresser, attending a football match, going out for lunch, and attending clubs. Some residents were assisted to attend church services regularly and sustain spiritual and social connections in the community.

Other community links supported the residents in keeping good health and these included attending a walking group, swimming, and the gym. One resident said that the swimming really helped them keep their legs strong. It was good to see the value these opportunities brought the residents in keeping well.

It was evident from records and discussions that residents regularly visited their friends and families. Some went for visits one or two days per week and others would have meals or trips out with their families. The residents and their relatives told us they valued these opportunities which enabled them to sustain their relationships with each other.

In addition to attending events outside the home, several events took place offering residents opportunities inside the care home. These included a visit where residents were able to interact with horses, a Jubilee lunch event, baking activities, and quizzes. All these opportunities contributed to a sense of belonging and community for the residents.

One issue raised by some residents was that opportunities for trips away and days out had not taken place in recent years. This was related to Covid-19 restrictions and issues in accessing private transport for the service. The management team agreed to consider how this can be addressed for the residents in future.

How well is our care and support planned?

4 - Good

Our evaluation for this key question was good. Information in the residents' personal plans had been updated and improved to ensure all relevant details were included.

Assessment and personal planning reflect people's outcomes and wishes.

At the last inspection we asked the service to ensure that personal plans were updated and reviewed to ensure key information was recorded and residents' preferences for support clearly evidenced. Since then, the management team had introduced new systems and worked with residents, relatives and staff to improve the standard of information in the plans.

We could see that residents were involved in setting the goals and outcomes they wanted to achieve. These included wanting to keep in touch with their family and friends, being more sociable, doing activities and keeping fit and healthy. Their plans detailed how they would be assisted to achieve their goals and there was evidence of progress with these. This confirmed that plans were personalised to individuals and their needs.

There was a focus on independence in the plans and they noted how much the residents could do for themselves. Some residents were able to get washed and dressed with minimal assistance, whilst others did their own medication. Some residents were able to assist with laundry, washing dishes and light cleaning and took pride in doing this. This demonstrated that residents were assisted to retain independent skills and feel empowered and involved in their care.

The focus on independence was also demonstrated in risk assessments. We could see that all involved worked together to look at how residents could be supported with minimal restrictions. This was leading to some progress in falls care and improved responses to distress.

We could see the involvement of relatives and representatives in reviews and personal plans and the relatives we spoke to told us their contributions were welcomed by the service. This included contributing towards anticipatory care planning information in the event of residents' health deteriorating or requiring end of life care.

The plans were still being progressed and some indexes needed to be updated. The management team were aware of this and working to address it and ensure files were in good order with information easily accessible.

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

Requirements

Requirement 1

By 3 June 2022, the provider must ensure that personal plans contain accurate information setting out how people's health, welfare and safety needs are to be met.

To do this, the provider must, at a minimum:

- a) ensure personal plans contain sufficient information reflecting individual needs and preferences (including for anticipatory care plans).
- b) improve the level and quality of risk assessments covering all identified risks.
- c) ensure care plans are reviewed as needs change, or as a minimum, on a six-monthly basis.

This is to comply with Regulation 5 (1) and (2) (Personal Plans) 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: '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). and 'My future care needs are anticipated as part of my assessment' (HSCS 1.14).

This requirement was made on 11 March 2022.

Action taken on previous requirement

Personal plans and associated risk assessments had been updated and contained all relevant information. Anticipatory care plans were in place for those who wished them and plans had been reviewed as the residents' needs changed or within the six month timescale.

Met - within timescales

Requirement 2

By 3 June 2022, the provider must ensure that health records are completed correctly in order to provide appropriate support for people's health needs.

To do this, the provider must, at a minimum:

- a) ensure health records, including charts for medication, food/ fluid intake and skin care are fully completed.
- b) evidence analysis of health charts, and records of actions taken including contact with external health professionals and outcomes.

This is to comply with Regulation 4(1)(a) and (2) (Welfare of users) 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 assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

This requirement was made on 11 March 2022.

Action taken on previous requirement

Health charts had been completed for residents and there was evidence of needs being followed up with external health professionals. Records reflected that actions had been taken to ensure residents' health needs were addressed.

Met - within timescales

Requirement 3

By 3 June 2022, the provider must ensure that people are supported safely by trained and competent staff.

To do this, the provider must, at a minimum:

- a) ensure staff receive appropriate training in, but not limited to moving and assisting, stress and distress, adult support and protection, infection prevention and control and Covid-19.
- b) ensure staff have completed refresher training, as necessary.

This is to comply with Regulation 15(a) and (b) (Staffing) 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 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).

This requirement was made on 11 March 2022.

Action taken on previous requirement

Records showed that staff training had been progressed in all key areas and included refresher training. In addition to this staff supervision and practice observations supported safe practice.

Met - within timescales

Requirement 4

By 3 June 2022, the provider must ensure that people experience a service which is well led and managed, and which results in better outcomes through a culture of continuous improvement underpinned by robust and transparent quality assurance processes.

To do this, the provider must, at a minimum:

- a) Ensure good oversight of care delivery through regular completion of management audits. This should include but not be limited to, care plans, medication, health charts, incident, and accident audits.
- b) Ensure regular review and updating of the service development plan to identify and plan improvements at the service.

This is to comply with Regulation 4 (1) (a) (Welfare of Users) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (4.23).

This requirement was made on 11 March 2022.

Action taken on previous requirement

The management team had introduced a new audit system to ensure good oversight at the service. It was evident that this helped identify areas to focus improvement on in order to improve the service. The improvement plan had been updated to reflect findings and was being reviewed regularly.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that staff practice is safe during the Covid-19 pandemic the provider should evidence staff competency checks.

This should include, but is not limited to:

- a) observations of staff practice.
- b) evaluation and robust audit of infection prevention and control (IPC) practice and policy.

This area for improvement was made on 11 March 2022.

Action taken since then

The service evidenced a range of observations and audits of staff practice to ensure high standards of cleanliness and infection prevention and control adherence were maintained. This area for improvement was met.

Previous area for improvement 2

To ensure that staffing levels are sufficient to meet people's needs the provider should evidence a regular review of staffing requirements.

This should include, but not be limited to, evidence that staffing arrangements are regularly reviewed and responsive to the changing needs of people who live in the service.

This area for improvement was made on 11 March 2022.

Action taken since then

The management team had undertaken assessment of residents needs in order to ensure staffing levels were sufficient to meet these needs. Ongoing work was agreed to consider meeting social and emotional needs more effectively through consideration of staffing levels. This area for improvement was 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? | 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? | 4 - Good |
| 4.3 People can be connected and involved in the wider community | 4 - Good |
| 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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