

Avondale Nursing Home Care Home Service

Cornelia Street Motherwell ML1 3RY

Telephone: 01698 252 357

Type of inspection:

Unannounced

Completed on:

25 May 2022

Service provided by:

Parkcare Homes Limited

Service no:

CS2003010548

Service provider number:

SP2003000278



Inspection report

About the service

Avondale care home is situated in a residential area of Motherwell with local amenities and transport close by. The service is registered to accommodate up to 55 older people. The home was purpose-built, with accommodation on one level. The home consists of two units, one of which is a 20 bedded dementia care unit. All bedrooms are single en-suite.

Both units benefit from having various communal spaces which residents are encouraged to use in the way they choose. They also both benefit from having enclosed and accessible garden areas.

Avondale Care Home provides long-term and short-term care for frail elderly residents and residents with dementia over the age of 65 years.

Avondale Care Home aims to provide its service users with a secure, relaxed, and homely environment in which their care, wellbeing and comfort are of prime importance.

About the inspection

This was an unannounced inspection which took place on 19 and 23 May 2022. The inspection was carried out by two inspectors 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 observed care provision for those who were unable to verbally communicate with us. We considered resident, relative and representatives' feedback and spoke with six staff and the management team.

We observed staff practice, daily life for residents, reviewed documents and spoke with external professionals who support the home.

Key messages

The service historically had very good evaluations.

People appeared to be looked after.

People were cared for well with dignity and respect.

Staff appeared kind and caring and wanted to provide good care.

There was opportunities for residents to participate in meaningful activities.

There was a need for agency staff.

Improvement was needed in attention to detail when cleaning furniture and equipment.

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 good is our leadership?	4 - Good
How good is our staff team?	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?

3 - Adequate

We evaluated this key question as adequate. We assessed overall that the strengths in the service only just outweighed weaknesses.

We observed within communal areas that people were treated with dignity and respect. All bedrooms were personalised and there was a spacious lounge and dining area for people to congregate with opportunities to interact with staff and other people in the home. This assured us that people received care and support in a dignified and respectful way.

People within the home were benefiting from regular healthcare assessments. They had access to community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions in alignment with their needs. Although we were satisfied people were receiving their care, we found gaps in personal care recording charts. The service should improve the consistency and accuracy of these recordings. Although people appeared well, we could not be assured that people were consistently receiving the support they required (See area for improvement).

People enjoyed their meals in an unhurried, relaxed atmosphere within the dining area. There were also communal fridges in place where people could help themselves to snacks and drinks if they wished. People were offered choice to eat where and when they wanted and received support with their dietary needs.

Visiting was in line with open with care government guidelines. People saw their loved ones on a regular basis and no booking system was in place. Families and friends were happy with current visiting arrangements and communications between themselves and the home regarding visits. It is important for people's mental wellbeing that they have access to their families and that families are regularly updated.

There were opportunities for people to participate in stimulating and meaningful activities. The home had assessed each person's preferences and this information was considered in the home's activity timetable. During our visit, there was a variety of activities on offer including a coffee morning which everyone present, appeared to enjoy. However, the records we sampled need more evidence of how people were involved and their level of engagement. It is important that people receive stimulation and meaningful activity to maintain their health and wellbeing.

We saw Personal Protective Equipment (PPE) stations, hand sanitisers and disposal bins spread out through the home. Staff and visitors continued to follow current national Infection Prevention and Control (IPC) guidance. We had no concerns about how staff were using their PPE.

The home is clean but more attention to detail is required with ensuring the environment keeps people safe from the spread of infection. These areas included the undersides of tables, corners of chairs, inside microwaves and communal fridges which people's hands can often come into contact with easily. There were also some areas of the home that were cluttered. We also found several chairs with dirty cushions. It is vital that people live in a safe environment and the home must prompt improvements (see requirement).

Requirements

1. By 30 June 2022, the provider must ensure they keep people safe by minimising any risks to health and wellbeing. To do this the provider must, at a minimum:

- Ensure all equipment including tables chairs and appliances within the home are regularly checked, are clean and replace any dirty or soiled seat cushions
 - Ensure equipment is stored appropriately in allocated storage areas throughout the home.

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 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. To support people's health and wellbeing, the provider should ensure personal care records are completed daily in alignment with people's health and wellbeing needs.

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 1.16).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Management had a good overview of the service including, any health concerns of people. A range of quality assurance systems were used to help identify areas within the home that required attention, for instance, administration of medication. We could see there were regular audits taking place with highlighted actions, but we were unable to see if these actions were followed up. An incomplete action around medication could impact on a person's health and wellbeing. For continual improvement to succeed, audits need to be updated and reviewed to show that outcomes for people have improved. (See area for improvement)

There is a clear management structure within Avondale. There are regular team meetings across the home and communication about people's needs was disseminated and actioned quickly. We attended morning handovers and found them to be well organised with relevant information about people's care being shared. We were assured that staff continually reviewed people's needs and support to ensure it was right for them.

To meet people's needs, staff were able to work across both units of the home. People who resided within Avondale unit were supported to visit Strathview where they could interact with fellow residents. It was evident that staff were competent and skilled to enable people to feel included and valued in their home.

Areas for improvement

1. To improve outcomes for people, the service should regularly review quality assurance audits and make sure they are followed up and updated to show progress.

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This is 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 practise (HSCS 4.11)

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for children/people and clearly outweighed areas for improvement.

There is an established staff team in Avondale. Staff told us they enjoyed their jobs and knew who to go to should they need support. Avondale experienced difficulties during the covid 19 pandemic which impacted on health and wellbeing across the team. Staff spoke positively about the management and leadership of the service during this time and how approachable and supportive management were. This has had a positive impact on service delivery as staff have good working relationships.

People received support from a competent and trained workforce. Staff received regular supervision meetings with senior staff where staff where competencies were assessed around promoting dignity and adult protection. This ensured people were kept safe and could be assured staff were able to support them well.

Due to staff vacancies, Avondale were using regular agency staff. Rota planning and recruitment were ongoing. A plan was in place to improve the skills of a group of staff to a more senior level to alleviate current staffing pressures and ensure people received a high quality of care. Staff told us how they were supported to professionally develop within the home. Having more staff trained to a senior level will mean that provision of care for people is consistent and stable.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for/people and clearly outweighed areas for improvement.

Personal plans reflected people's rights, choices and wishes. They contained a good level of detail to inform staff how to meet people's needs. The care plans sampled were person-centred and included information on people's preferences for maintaining contact, the supports needed to achieve this with those important to them, and ways they can remain active and engaged. Some care plans did not have copies of formal documentation regarding information about who a person's Power of Attorney (POA) was and what this means for them. Care plans should contain clear legal information about who can make decisions on the person's behalf if they lack capacity (See area for improvement).

People, as much as they could be, were also involved in decisions about their current and future health support needs. There were regular resident meetings where people's voice and choice about their home setting was encouraged. Within care plans, people's choices for their life in the future were also fully taken account of. Where appropriate, this involved the use of anticipatory (advanced) care plans which helped people to consider what is important to them when planning for their future care. People we spoke to said they were happy living in the home and the care they received.

Areas for improvement

1. To support people's future health and wellbeing needs, care plans should contain the detail of legal arrangements, such as welfare guardianship or power of attorney which identify who will be entitled to make decisions on their behalf when they are no longer able to do so.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: My human rights are central to the organisations that support and care for me. (HSCS 4.1)

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 provider should ensure that reviews of care undertaken allow opportunities for the person to discuss and share their needs, wishes and choices. They should also ensure that where appropriate those who are important to the person are involved in these discussions and the forward planning of care.

This is consistent with the Health and Social Care Standards which state "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions (2.11) and "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account (2.12).

This area for improvement was made on 21 February 2020.

Action taken since then

There was clear evidence that all those who are important to the person, are involved within latest reviews. There is also evidence of continual communication to families/important others about the health and wellbeing of the person.

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

How well do we support people's wellbeing?	3 - Adequate
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	3 - Adequate

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 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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