

Airthrey Care Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 August 2022

Service provided by:
Airthrey Care Ltd

Service provider number:
SP2003002718

Service no:
CS2006128186

About the service

Airthrey Care Home is a purpose built care home for up to 52 people. The service is provided by Meallmore Ltd. The home is within a residential area in the village of Airth. It consists of two connected single storey buildings, referred to as Airthrey Care and Mercat House.

All bedrooms have en-suite facilities. There are a variety of communal lounges and dining rooms throughout the home. The home also has a large garden and an enclosed patio area.

In their mission statement Meallmore say that: "Meallmore services will consistently be a great place to live and a great place to work. As a team we will provide all people using our services with excellent personalised care and support, delivered by a trained and professional caring team in a quality and safe environment. We will be recognised across Scotland as the most trusted care provider."

About the inspection

This was an unannounced inspection which took place on 23, 25 and 26 August 2022. The inspection was carried out by one inspector 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 three people using the service and four of their family.
- spoke with 14 staff and management.
- observed practice and daily life.
- reviewed documents.

Key messages

- Cosy, homely public areas
- Fresh and clean
- Helpful staff
- Mealtime experience should improve
- Communication should improve.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very 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

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

The atmosphere in the home was calm and relaxed. Pre-assessment of people entering the home was of a good standard showing that the service was confident they could meet people's needs. Visiting was positively promoted and people could enjoy spending time with those people important to them. People had personalised activity care plans which included life story work. A good range of activities were available throughout the week.

People told us they were involved in care planning and review of people's care, however felt recently communication had not been as good as previously. People had problems contacting the home and matters arising were either not effectively actioned or communicated back. The home recently restarted relatives' meetings following the pandemic giving opportunity to voice issues. Care plans seen varied in quality and this was confirmed by the service's audits which highlighted omissions or details which needed to be updated. This is a training issue for the service, made more important as a result of the service having a high turnover of staff as a result of the pandemic and having relatively high agency staff usage. (See Area for Improvement 1).

The mealtime experience observed was variable. Upstairs in the Mercat unit it was very positive. People received choice regarding their meals, food was attractively presented and there were enough staff to serve food and assist people should they require it, enabling people to eat with dignity. In the Airthrey unit the meal observed was less positive. Staff did not seem to be deployed effectively resulting in a single staff member staffing the dining room whilst other staff supported people choosing to eat elsewhere. We observed that people were not positioned well at the meal table meaning they could not enjoy their meal with comfort or dignity. Another two people required more time to be spent with them to encourage them to eat well (See Area for Improvement 2). This is an area the newly appointed manager has prioritised for improvement within the home.

The home was visibly clean and clutter in communal areas was minimised. Regular infection control audits took place. Housekeeping staff were guided by a housekeeping planner and daily diary which followed the principles of the Care Home Infection Prevention and Control Manual. Staff were seen to be wearing appropriate PPE and PPE stations around the home were well stocked. Handwashing was promoted through the home and handwashing stations throughout the home encouraged this. This meant that people could be confident that staff had the necessary training, skills and competence to prevent the spread of infection and support them during an outbreak of infectious disease.

Areas for improvement

1. To ensure that people receive responsive care and support which adapts as their needs change the provider should ensure that care plans are clear, person-led and up-to-date in relation to people's needs and that staff are confident in accessing them and know their purpose and usage.

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

(HSCS 3.18) and "My care and support is consistent and stable because people work together well." (HSCS 3.19).

2. To support people's dignity and wellbeing whilst eating, the provider should ensure staff have training appropriate to their role and are deployed effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." (HSCS 1.34) and "I have confidence in people because they are trained, competent and skilled." (HSCS 3.14).

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.

The service had a quality assurance framework which covered all departments in the home. Daily handovers and flash meetings meant up-to-date, relevant information was communicated. This was particularly useful as the home has recruited a number of new staff in recent times and has had relatively high agency usage. Agency staff told us that the service was organised and permanent staff were supportive and communicated well. The newly appointed manager has introduced new communication books to further support transfer of communication leading to appropriate actions being taken as necessary to meet the needs of people living in the home.

We saw that people's weights were taken every month and the home had good oversight of people's dietary needs. We could see that fortified meals and drinks were put in place to support good nutrition. Referrals were made to dietician and speech and language therapy when required. Likewise good attention was paid to people's skin integrity and falls with appropriate care plans. This meant that the home could analyse where improvements or preventative action could be taken in order for people's health needs to be met.

We saw that regular audits were done of medication within the home. Some audits have shown miscounts of medication and this is an area that the home are targeting for improvement to ensure that people continue to receive their medication as they should.

Management had clear understanding of their role in monitoring practice and identifying, directing and supporting improvement. There were established systems for monitoring standards of care.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths impacted positively on outcomes for people but these just outweighed weaknesses.

We saw that there was monthly oversight of people's care needs and that the management of the service knew the dependency levels of people living within the service and the level of support they required. However, a high turnover of staff over recent times has meant that communication could improve and some staff lacked clarity regarding their roles and other people's roles and responsibilities within the service. There were protocols in place to support the use of agency workers where required and good support was given to agency staff to do their job effectively whilst working in the service.

Care plans were reviewed every month and regular auditing of care plans meant that management and staff regularly evaluated people's experience within the home to ensure that they received the right care and support including as their needs changed. There was variable staff confidence in accessing care plans and utilising them to best effect. This has been addressed elsewhere in this report.

We saw that the service recruited people according to safer recruitment guidelines and that staff were registered with the appropriate professional bodies.

Staff received group supervisions using Carebox which addressed core areas of care and encouraged staff to share their knowledge and reflect on their practice as a group. Individual practice competencies were carried out via Time in Motion. Some formal supervisions have been completed this year but not all staff have received supervision or appraisal. This is crucial, especially for new members of staff, to ensure that their training is embedded in practice in order that people using the service can continue to have confidence in people because they are trained, competent and skilled. (See Area for Improvement 1).

Areas for improvement

1. To ensure that people continue to receive good outcomes the provider should ensure that staff receive regular supervision in order that their learning and development supports this.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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?

5 - Very Good

We evaluated this key question as very good, where there were major strengths in supporting positive outcomes for people.

The home was clean and well maintained. There were several public areas within the home, which were furnished comfortably. This included outside space. This meant that people could choose where they preferred to spend their time depending on whether they wanted company or privacy.

People could personalise their rooms according to their own tastes and could received personal care in a private place thereby maintaining their privacy and dignity.

The service's layout on the ground floor was easy to navigate for people walking with purpose.

There was plenty of natural light and good ventilation to meet people's needs and wishes. The nurse call sound system was not obtrusive meaning people's peace was not unnecessarily disrupted.

How well is our care and support planned?

5 - Very Good

People living in the care home and those important to them were involved in developing their personal plans. They contained a lot of information about people, including life story work, and demonstrated that staff knew the people they were supporting well and promoted their rights.

Care plans seen contained good information about people's health needs including their social, emotional and psychological needs. They contained details about things which were important to people, for example what they liked to eat, what they liked to wear, how they liked their routine. This meant that people received support which took account of the things that were important to them. They took account of unexpected events, for example the recent COVID-19 pandemic. Specific care plans were put in place which detailed how people would be supported in the event of an outbreak or should they contract the virus.

Care plans were regularly evaluated. Reviews were being held in good time with one or two outstanding and this was discussed with the manager at feedback. The home has good links with external professionals who provide guidance and support if required. Where people were not able fully to express their views individuals who are important to them or who have legal authority were involved. Supporting copies of Power of Attorney or Guardianship were contained in people's files.

Most people had anticipatory care plans in place. These contained information that was particular to the person should they become ill and require end of life care, including whether they required spiritual support, and who they would like to be with them.

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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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