

Almond View Care Home Care Home Service

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Telephone: 01419 448 893

Type of inspection:
Unannounced

Completed on:
18 January 2023

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379131

About the service

Almond View Care Home is registered with the Care Inspectorate to provide a care service for up to 78 older people. The provider is Holmes Care Group Scotland Limited.

The home is purpose-built and the service is provided over two floors with lift access between each. All bedrooms are provided on a single basis with en suite toilet and wash hand basin. Shared bathing and shower facilities are available. Residents have access to communal lounges and dining rooms on both floors. Garden space is located at the rear of the home and a courtyard is also available. Visitors' parking is located at the front of the home.

About the inspection

This was an unannounced inspection which took place on 17 and 18 January 2023. The inspection was carried out by three 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 six people using the service and four of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from stakeholders.

Key messages

- People's health and wellbeing needs were being met.
- People experienced warm and gentle care from staff who knew them well.
- People's wellbeing benefited from regular activity.
- People received regular visits from friends and relatives.
- The home was clean and welcoming.

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? | 3 - Adequate |
| 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

We evaluated this key question as good. There were several important strengths which taken together clearly outweighed areas for improvement.

Staff interactions with people were warm, gentle and encouraging. The home had a welcoming and friendly atmosphere. Relatives we spoke with confirmed this had informed their decision making when choosing a home for their loved ones. Staff treated people with dignity and respect and were focussed on achieving the best outcomes for the people they were caring for. Care was delivered at a pace suitable for each person. Staff worked hard to create a positive environment which was also noticed by visitors to the home.

Relatives told us:

"I feel very confident about the care."

"Staff are friendly, polite, helpful. They are care professionals."

Meaningful activity is important for people's physical and mental health. The staff team understood the value of activities and we observed that opportunities, including exercises and games, as well as arts and crafts were being routinely offered. Activities involved all care staff but were led by a small team of activity staff. People's preferences for activities were noted in their personal plans. People were provided with a monthly activity plan which included physical exercise classes and group trips out of the home. We observed skilled activity staff carrying out events that people enjoyed. Relationships between people experiencing care were developed because of well provided activities.

One-to-one activities were also offered and took place in people's rooms. This ensured that everyone in the home was kept occupied. The activity team had undergone recent changes and they were very keen to progress their roles. We suggested that the team evaluate the activities provided to ensure people continued to enjoy those offered (see area for improvement 1).

We observed a staff team who were focussed on providing good care. There was evidence of good teamwork, and a well-co-ordinated approach to planning and delivering support. To support people's health and wellbeing, staff sought guidance from external healthcare professionals, such as community nurses and general practitioners. Their advice was acted upon, and details of their input documented.

To meet people's medical needs, the service had a safe, well-managed medication system. For example, staff had received training, and had clear guidance, to support this task safely. There was good oversight of medication management, and we were confident that people's medication needs were being regularly reviewed and monitored.

Medication with an 'as required' dose can treat many different conditions. People's plans should contain enough information to support staff to administer as required medication. The plan should include appropriate alternative support and interventions to use before medication. When as required medications are administered, the record should include the date, time and quantity given, the reason for administration and the result of the outcome. Medication records did not always include this detail and we have made an area for improvement (see area for improvement 2).

People's mealtimes provided a good opportunity to be sociable in a relaxed atmosphere. The dining areas were pleasant and comfortable to add to the quality of people's mealtime experience. Staff took time to support people with eating and drinking, chatting with warmth and sensitivity. We saw that food was of a good quality. It was home cooked, fresh and hot with a choice available. Individual dietary requirements were clearly documented and there was careful monitoring of people's nutritional intake. We saw that any concerns were communicated and quickly escalated to dieticians for specialist advice. People's health and wellbeing benefited from the provision of high quality and well-presented food.

The management team followed the good practice guidance Open with Care, with people receiving regular visitors, as and when suited their needs and preferences. People were being supported to keep in touch with their relatives and, where appropriate, technology was used to enhance the experience.

We observed staff taking time to talk with people, and staff deployment took account of the need for staff presence in communal areas. This supported people's safety needs, helped to ensure that any needs were anticipated and appropriately responded to, and supported conversation and interaction.

Areas for improvement

1. The manager should ensure that activities are organised and evaluated to show they improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

2. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving as required medicines, medication administration records charts should include:

- a. the reasons for giving when required medication
- b. how much has been given including if a variable dose has been prescribed
- c. the time of administration for time sensitive medication
- d. the outcome and whether the medication was effective.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths in quality assurance only just outweighed weaknesses.

People benefited from an experienced and well organised staff team who knew them well. Management had an overview of the service including any health concerns of residents. Staff spoke positively about the management and leadership within the service and how approachable and supportive management were. Staff were confident that any concerns would be dealt with appropriately and, where necessary, escalated. There was effective communication within the staff team.

The provider had a quality audit system in place, which was to some extent being used to check that expected standards, and good practice guidance was being implemented. Some of these audits also included checking the quality of people's experiences.

The service would benefit from more focus around quality assurance processes. This could lead to the development of an ongoing, dynamic and responsive improvement plan that details the future direction of the service. We suggested that a whole-team approach be adopted to ensure full consultation with staff on quality processes and the resulting priorities for improvement. Consideration should also be given as to how people experiencing care and other stakeholders could be included in this exercise (see area for improvement 1).

Feedback from visiting professionals, staff and families indicated that management were very approachable and supportive, and we heard that team working was encouraged. There was a positive culture and ethos of improvement and development. This was led by the management team, but staff at all levels were able to describe and demonstrate it. We saw a respectful and supportive team who shared the aims and values of the service. This meant that people experiencing care were supported by a dedicated and positive workforce.

Areas for improvement

1. To ensure people receive responsive care and support, the manager should develop the service's improvement plan, aligned to the quality framework for care homes for adults and older people, to understand where efforts to support improvement should be targeted.

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).

How good is our staff team?

4 - Good

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

People should expect to have confidence in the staff who care for and support them. We saw that the home had a training schedule which reflected planned training for staff to attend and most staff we met felt supported to achieve the training they needed to do their job. Staff were motivated and told us they received training that equipped them for the job they did.

Staff described receiving feedback and some supervision, with an open-door policy to the management team that enabled guidance and support as needed. This helped to ensure that people's needs were met well whilst also supporting staff development. Staff told us that they felt valued, included, and listened to by the management team.

During the Covid-19 pandemic, the management team regularly monitored the practice of staff at all levels. This meant that staff had the opportunity to reflect on, or develop, their practice. We suggested that this be continued and asked the management team to evidence the involvement of people in the ongoing development of the staff team. We suggested that information gleaned from people could be used to inform staff development and the supervision process (see area for improvement 1).

Areas for improvement

1. To ensure people continue to be included, the manager should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about the support they receive from staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8).

How good is our setting?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together clearly outweighed areas for improvement.

The home was warm and welcoming. The service had taken account of best practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were enabled people to move easily and independently around the home. The environment was regularly assessed to ensure that it remained dementia friendly.

The communal areas were welcoming, spacious and tidy. The environment and equipment were cleaned to a high standard and well-maintained. A relative said, "the home is so well- maintained and it's always spotless." The home was well-maintained and decorated to a high standard. Any issues reported were actioned quickly, promoting people's health and safety. Maintenance records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure.

There was a large, well-kept enclosed garden for people to use. People could independently use the garden, weather permitting. There was plenty of social space. People chose where to spend their time.

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.

It is essential staff have all the relevant information about each person to be able to deliver care and support effectively. Care and support plans were detailed however there were some where information or guidance had not been updated in all sections.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or needed support to make. Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with do not attempt cardiopulmonary resuscitation forms (DNACPRs) completed when this was people's chosen outcome.

Contacts for relevant health professionals and family members were noted in plans, meaning people could be quickly contacted when issues arose. Relatives were invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member.

When people's health needs had changed, personal plans and risk assessments were promptly updated. This ensured care and support delivered was responsive to people's changing needs.

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 people's changing care and support needs can be effectively met, the manager should ensure that care plans are updated to offer up to date guidance on the best way to support the person. This should include, but is not limited to, support plans for eating and drinking, skin integrity and wound care.

This area for improvement was made on 13 December 2021.

Action taken since then

The plans we sampled contained information and guidance. This area for improvement has been implemented.

Previous area for improvement 2

To ensure that people's support is well planned and responsive to their needs, the manager should ensure that, where required, daily monitoring forms are audited, with actions identified and well communicated. This should include, but is not limited to, food and fluid monitoring records.

This area for improvement was made on 13 December 2021.

Action taken since then

The plans we sampled contained information and guidance. This area for improvement has been implemented.

Previous area for improvement 3

To promote positive outcomes for people living at the service, the provider should identify any carpets that need to be replaced and take action to address this.

This area for improvement was made on 3 September 2021.

Action taken since then

We saw that new flooring was in place throughout the home. This area for improvement has been implemented.

Previous area for improvement 4

We made this area for improvement following a complaint investigation.

In order to ensure positive outcomes for people experiencing care, the manager should ensure that there are robust communication systems in place to optimise information sharing.

This area for improvement was made on 3 October 2021.

Action taken since then

The plans we sampled contained information and guidance. This area for improvement has been implemented.

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 |
| 1.2 People get the most out of life | 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 |
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |
| 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 |
| 4.1 People experience high quality facilities | 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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