

Castle View Nursing Home Care Home Service

200 Castlegreen Street
Dumbarton
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Type of inspection:
Unannounced

Completed on:
31 January 2023

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300851

About the service

Castle View is a purpose-built two storey care home situated in a quiet residential area of Dumbarton. The service was registered with the Care Inspectorate in October 2011.

The home is set within its own grounds with ample parking facilities to the front and spacious secure garden areas surrounding the home. It is close to local amenities and transport.

The service provides nursing care for a maximum of 60 people. This is for 10 people under the age of 65 with physical disabilities and 20 older people with physical frailty on the ground floor. The second floor supports 30 people living with dementia.

At the time of the inspection, there were 54 people living in the home.

There are lounges, dining rooms and adapted bathrooms and showers on each floor. All bedrooms are single bed accommodation and have en suite facilities.

The aim of the provider, HC-One Limited, is to 'have the kindest homes in the UK with the kindest and most professional staff, we are a company founded on the principles of involvement, accountability and partnership'.

About the inspection

This was a full inspection which took place on site, between 25 and 26 January 2023. A review of further documentation, that was sent electronically, took place between 27 and 30 January. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with 12 residents and 6 relatives, to gather their views and observed care provision for those who were unable to communicate with us. We considered resident, relative and representatives' feedback and spoke with 15 staff and the management team. We also spoke with 3 visiting professionals to the service.

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

Key messages

- Their had been a recent appointment of an experienced manager, and staff spoke positively about the impact they had made on the home.
- The service had met five of the seven previous areas for improvement. Two outstanding areas for improvement relating to activities, and staff supervisions have been repeated at this inspection.
- There were a number of areas for improvement made at this inspection however, we were assured by the management's commitment and vision in how to make improvements within 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

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

3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

1.3 People's health benefits from their care and support

The service had made sufficient progress to meet five areas of improvement made at or since the previous inspection. These were relating to noise levels, protection of people from harm, reporting unexplained bruising, involving families and duty of candour.

Feedback from relatives we spoke with was positive about the care and support their family members received. Comments included:

"Staff are great with him; they know him well".

"So far, she has settled well and started to gain weight, staff have been really good".

Meetings held throughout the day made sure important information was discussed among staff about the health needs of residents. This meant that staff were kept informed about the residents and any changing needs.

Clinical assessments were in place to help identify risks for residents. Regular updates made sure information was up to date about residents' health and preferences. Advice and assistance had been sought from external clinical staff and instructions had been followed. This showed that residents had received the right care at the right time.

Medication Administration Records were completed well, which meant that residents had received the medication as they were prescribed.

Residents were generally supported by knowledgeable staff in a warm and respectful way. However, we observed two occasions where residents had been asked to leave communal areas to accommodate staff discussions. This is subject to an area for improvement.
(See area for improvement 1 under Key Question 3).

People could benefit from the dining experience being improved upon in relation to hand hygiene, support offered and meal choices. Specific information was provided at feedback.
(See area for improvement 1)

Daily charts were not always completed well such as, the recording of personal hygiene and oral health. This meant important information about how people were being supported and monitored may be missed.
(See area for improvement 2)

We found that language recorded was not always dignified within the behaviour recording charts. There was also a lack of analysis of the information which meant effective management strategies may have been missed.
(See area for improvement 3)

We saw evidence of a range of group and individual activities which had taken place however, records of these were not always completed well. While some records showed regular and individual engagement with people, some showed a number of days between. We also found that activities did not consider supporting people in maintaining and developing skills and independence. The service planned to recruit additional activities staff as well as provide activities training.

An area for improvement previously made has therefore been repeated.
(See area for improvement 4)

We discussed how there were no separate 'aims and objectives' for younger adults being supported. The manager assured us this would be actioned.

1.4 People experience meaningful contact that meets their outcomes, needs and wishes

The service was operating in line with Scottish Government's 'Open with Care' guidance relating to supporting visits within the home. Relatives spoke to us how they were supported with this. We saw evidence of how the service responded well to outbreaks in line with Infection Prevention and Control guidelines. This helped to protect people and limit further spread while supporting essential visiting. Relatives spoke to us about how well they had been supported with visiting.

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

Residents were supported by staff trained in infection prevention and control (IPC). Personal protective equipment and handwashing stations helped staff to follow appropriate IPC practices.

Posters reminded staff of current IPC guidance and we saw staff following this. The service had IPC champions to also help promote good practice throughout the home. However, as mentioned under 1.3, residents were not supported with handwashing before meals which would help reduce the risk of infection spread. This is included within area for improvement 1, relating to the dining experience.

Records of cleaning and maintenance showed how regular cleaning and repairs had been undertaken. Housekeeping staff were observed throughout the day cleaning communal areas, touch points and bedrooms. The service was not working to its full complement of housekeeping staff however, this was being addressed.

IPC audits helped make sure infection control measures worked well. Although the environment was mostly clean, we found some chairs, cushions, mattress covers and underneath tables within communal areas were marked. We also found one soiled mattress although this was quickly replaced. We suggested making mattress checks more frequently to help identify any issues promptly.
(See area for improvement 5)

The service had been responsive to outbreaks and responded quickly to reduce the risk of infections spreading.

Areas for improvement

1. To promote the health and wellbeing of people, the dining experience should be improved upon relating to meal choices and support provided by staff. The service should make sure that hand hygiene is supported prior to and after eating food.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states 'My care and support meets my needs and is right for me' and 1.37 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences'.

2. The completion of daily care charts should be improved upon. These should include, but not be limited to, personal care and oral care to help demonstrate how people's needs are being met in full.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states 'My care and support meets my needs and is right for me'.

3. The completion of behavioural recording charts should be improved upon. These should demonstrate how effective analysis of information has led to people's stress and distress needs being met in full. In doing so, the language used within the records should be more respectful and dignified.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states 'My care and support meets my needs and is right for me'.

4. The provider should further develop the range and availability of meaningful activities offered in the home considering the abilities, preferences and choices of everyone living in the home. Staff would benefit from training to ensure that they understand the importance of engaging people with meaningful activity.

This is to ensure care and support is consistent with the Health and Social Care Standards, 1.25 which states: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day'.

5. To minimise the risk of infection, there should be more attention to detail with cleaning tasks, to include chairs, cushions, mattress covers and underneath tables within communal areas.

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

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

Staff spoke positively about the management and leadership within the service and how approachable and supportive management were.

Quality assurance systems helped identify any concerns about practices or record keeping. Action plans showed what steps the service had taken on areas needing improvement. Information formed part of the Home Improvement Plan which demonstrated the service's future plans for development.

Residents benefitted from a well organised staff group who knew them well. Units were managed individually and well led by more senior staff. Management had a good overview of the service including any health concerns of residents.

There were some incidences where the service had not advised the relevant agency of notifiable events.

Although, we acknowledged that some of these appeared to be a genuine oversight by the management team, an area for improvement has been made.
(See area for improvement 1)

Management had worked hard to make sure that they always had the right number of staff on duty. Agency staff had been used to help cover staff absences. Where possible, the service had tried to be consistent with the same agency staff they requested, to care for and support residents in the home.

Dependency assessments were completed each month. These were used to calculate how many staff were needed to meet residents' needs each day. However, these calculations did not take account of all the non-direct care tasks staff completed. This meant we could not be fully assured that there were enough staff working at any one time.
(See area for improvement 2)

Areas for improvement

1. The provider should ensure that the relevant agencies are advised about notifiable events timeously. This ensures care and support is consistent with the Health and Social Care Standards 4.11 which states "I experience high quality care and support based on relevant evidence, guidance, and best practice".
2. A review of staff tasks should be completed to make sure there are enough direct care hours carried out by the right number of staff to meet residents' needs. In doing so, this should take account of the non-direct care tasks that more senior staff undertake on a daily basis. This ensures care and support is consistent with the Health and Social Care Standards 4.11 which states "I experience high quality care and support based on relevant evidence, guidance, and best practice".

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question, which meant we identified some strengths that just outweighed weaknesses.

Residents benefitted from a responsive staff team who sought clinical advice from healthcare professionals for people's changing needs. We observed staff supporting and engaging with residents and visitors in a warm and respectful way. Residents and relatives spoke very highly of the staff.

Staff knew, and could discuss, the needs of residents well. This meant people could be confident that staff were aware of important information needed to support them safely.

The recording of recruitment information demonstrated that best practice had been followed and showed that relevant checks had been completed.

The service regularly checked that staff were up to date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional registration.

We found some gaps in staff training and not all staff were confident in describing the training they had received. This meant that we could not be assured all staff were trained in all residents' needs. A number of staff were unaware of or did not follow best practice guidance. This included, the Mental Welfare Commission's 'Rights, Risks and Limits to freedom' and 'Safe to Wander' guidance. We also found staff

unaware of relevant strategies and standards such as 'Keys to Life', 'My Home Life' and the Health and Social Care Standards.

The new manager discussed plans they had to address training shortfalls however, an area for improvement has been made.

(See area for improvement 1)

Staff supervision sessions required further development in order to provide support and identify development needs. This could have helped to assess staffs' skills and knowledge, reinforce best practice, and help inform training needs as well as providing individual support.

An area for improvement previously made has therefore been repeated.

(See area for improvement 2)

Areas for improvement

1. The manager should develop and maintain staff knowledge and practice to make sure they are competent and skilled to support residents effectively. This should include staff awareness of people's rights and best practice documents.

In doing so, staff competencies and knowledge should be carried out to ensure staff have understood their training.

This is to ensure care and support is consistent with the Health and Social Care Standards, 3.14 which states:

'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'.

2. Staff should have access to regular supervision and appraisal. Examples of actions required to progress this area should include;

(a) Combining observations of staff competency, supervision and appraisal into the new 'supervision and appraisal' process.

(b) Developing supervision further to afford people using the service the opportunity to share their opinion about the support they receive from staff.

This is to ensure care and support is consistent with the Health and Social Care Standards, 3.14 which states:

'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'.

How good is our setting?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

Where assistance was required from staff, residents could seek this through a pull cord system which was regularly maintained. Secure door entry systems also helped keep people safe.

Where people required specific equipment to meet their needs, this was in place. These measures had helped to make sure residents were secure and safe.

The regular maintenance programme and repairs made sure residents had equipment that was in good condition and worked properly.

There was a range of communal as well as private areas for residents to use, which were well presented, tidy and clutter free.

Residents had lockable single rooms, with en-suite toilet facilities, and could personalise their rooms as they wished. Lockable drawers for the safe storage of valuables were also available within bedrooms. This all had a positive impact on people's wellbeing and sense of belonging.

Some of the environment did not meet the needs of people living with dementia. This meant some residents could not move around safely and with confidence. Signage, fitting and fixtures should be improved and adapted to be in line with best practice guidelines.

Additionally, residents had limited access to facilities and/or support with daily living skills such as cooking and laundry. This meant residents were de-skilled and had limited choices.

(See area for improvement 1)

We took other information about the environment, reflected elsewhere within this report, into consideration when grading this Key Question.

Areas for improvement

1. To support people living with a learning disability and dementia, the service should ensure that the environment is developed to meet the needs of people living there. This should include but not be limited to ensuring the environment:

- Has appropriate and recognisable signage for easier navigation
- Encourages independence and social interaction.

This is to ensure good practice in line with 'My new home' Supporting people with an intellectual/learning disability and advanced dementia moving into a care home. Guidance for staff, section 'Environment' and in line with The Health and Social Care Standards (HSCS) 'The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS, 5.16)

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

There was some good person-centred information contained within care plans about each person's wishes and preferences. Most monthly evaluations had been completed which helped make sure information recorded was up to date and accurate. Clinical care plans and assessments were in place to help guide staff, to support people the right way to meet their needs and preferences.

However, we found that the quality of some of the care plans varied, and some lacked detail. Examples of this included, support with independent living and maintaining/developing skills, support during mealtimes and weight management.

Care plan audits had been effective in identifying sections not completed satisfactorily, however, there was not always a note to demonstrate that these issues had been rectified.

(See area for improvement 1)

Information recorded within the 6 monthly care review records could be improved upon. Specific examples were provided about this during feedback at the end of the inspection; this included poor recording of the

involvement of residents and their relatives and missing signatures.
(See area for improvement 1)

Areas for improvement

1. The service should make sure information recorded about residents is consistent and accurate. In doing so, care plans should clearly direct staff on the care and support to be provided. This should include, but not be limited to the support required:

- To maintain independence and develop skills
- During mealtimes
- To manage weight

Additionally, the recording of information and involvement of people within the 6 monthly care review minutes should also be improved upon.

This is to ensure care and support is consistent with the Health and Social Care Standards, Standard 1.15 which states 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".

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 further develop the range and availability of meaningful activities offered in the home, considering the abilities, preferences and choices of everyone living in the home. Staff would benefit from training to ensure that they understand the importance of engaging people with meaningful activity. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25).

This area for improvement was made on 23 August 2021.

Action taken since then

The service still required to make improvements on the provision of activities. More information is recorded under Key Question 1.

This area for improvement has not been met.
(See area for improvement 4, Key Question 1)

Previous area for improvement 2

The provider should take steps to reduce noise levels in the upstairs unit of the home. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells'. (HSCS 5.18).

This area for improvement was made on 23 August 2021.

Action taken since then

Noise levels had been addressed and were no longer excessive.

This area for improvement has been met.

Previous area for improvement 3

The service should ensure people continue to be protected from harm, neglect, and abuse. This must include ongoing Adult Support and Protection training for all staff. Putting in place a system for the oversight of any accidents/incidents and appropriate actions to reduce risk, including timeous referral to external bodies such as, the Care Inspectorate and the Health and Social Care Partnership. This is in order to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20) 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21) 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made'. (HSCS 3.22)

This area for improvement was made on 14 September 2021.

Action taken since then

Adult Support and Protection training had been provided and there was a system to oversee accidents and incidents with appropriate actions to reduce risk.

There were some incidences where the service had not advised the relevant agency of notifiable events. This element is now subject to a separate area for improvement.

(See area for improvement 1, Key Question 2)

This area for improvement has been met.

Previous area for improvement 4

Staff should have access to regular supervision and appraisal. Examples of actions required to progress this area should include;

- (a) Combining observations of staff competency, supervision and appraisal into the new 'supervision and appraisal' process,
- (b) Developing supervision further to afford people using the service the opportunity to share their opinion about the support they receive from staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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 area for improvement was made on 14 September 2020.

Action taken since then

We found that Staff supervision sessions required further development in order to provide support and identify development needs. The new system was still to be fully introduced.

This area for improvement has not been met.
(See area for improvement 2, Key Question 3)

Previous area for improvement 5

In order to support good outcomes for people experiencing care, all reports of unexplained bruising or new pain, should be taken seriously. People's symptoms should be assessed, properly documented and, if required, medical advice and/or attention should be sought promptly. This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 1 September 2021.

Action taken since then

We saw where there had been concerns surrounding unexplained bruising and/or new pain, these had been acted on appropriately and recorded accurately. Where required, medical advice had been sought promptly.

This area for improvement has been met.

Previous area for improvement 6

In order to support good outcomes for people experiencing care, the manager should ensure that all staff understand their role and responsibility in respecting the rights of families/carers to be informed about important changes. This is to ensure care and support is consistent with Health and Social Care Standard 3.13: I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.

This area for improvement was made on 1 September 2021.

Action taken since then

From a review of relevant records we found that where required, families had been informed about any important changes to their loved ones. Feedback was positive from families we spoke with about the level of communication with the home.

This area for improvement has been met.

Previous area for improvement 7

In order to promote good outcomes for people experiencing care, and their family/carers, the manager should ensure that people receive an apology when things go wrong. This is to ensure care and support is consistent with Health and Social Care Standard 4.4: I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.

This area for improvement was made on 1 September 2021.

Action taken since then

We saw relevant duty of candour records.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very 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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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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