

Mavisbank Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 January 2023

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300752

About the service

Mavisbank Care Home is a purpose-built nursing home and is registered to care for 45 older people and 15 adults with physical and sensory impairment. The home occupies two floors and provides accommodation in single rooms, with en-suite (toilet and wash hand basin) facilities.

The home has a lift to the upper floor. There are lounge and dining areas and adapted. bathrooms and shower rooms on both levels. There is an accessible enclosed landscaped secure garden for residents to enjoy. This home offers a choice of four sitting rooms, two dining areas and a café type bar area. In addition, there is a quiet lounge and library.

Mavisbank underwent an extensive refurbishment programme in late 2021 which transformed communal areas including dining rooms, lounges/day rooms, reception area, bathrooms and corridors.

On site parking is available and the service is close to bus and rail links.

The provider, HC-One, has the following mission statement:

"Our company is built on the principles of involvement, accountability and partnership. We want HC-One homes to be the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference".

About the inspection

This was a second follow-up inspection which took place on 13 January 2023. The inspection was carried out by one inspector from the Care Inspectorate to evaluate progress made since our previous inspection that took place on 21 November 2022.

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 family representatives
- spoke with staff and management
- reviewed documents

Key messages

- Improvements have been made to care planning and supporting people who live with dementia.
- Nutrition provided is of a good standard and people at risk of weight loss are monitored closely
- Care plans are more person centred and clearly identify individual preferences, choice and routines
- The staff team is becoming more stable with less reliance on agency use providing more consistency to residents

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 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 good is our staff team?

4 - Good

There has been a recent focus on dementia training provided to staff. Relatives we spoke with noted their relative was exhibiting less distressed behaviours and thought this was as a result of staff intervention. One relative told us that "great improvements in the last six months or so and staff seem to be more attentive." Another relative told us "good availability of staff who are always visible. Communication is really good with regard to updates." Use of agency staff has also reduced and therefore a more permanent and consistent staff team are in place. This provides continuity of care to residents. Identified staff have undertaken advanced training in areas of dementia and nutrition to support the development of staff practice and knowledge.

There has been good improvements made since our last inspection and all outstanding areas for improvement have been met.

We have re-graded the evaluation of 3.2 "Staff have the right knowledge, competence and development to care for and support people" to reflect these improvements.

How well is our care and support planned?

4 - Good

Please refer to the action taken to meet requirement 1 and areas for improvement 2, 3 and 9, all of which refer to care planning. The evidence clearly indicated improvements had been made and in consultation with family members to support care planning.

We have re-evaluated 5.1 "Assessment and personal planning reflects people's outcomes and wishes" to reflect this.

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

Requirements

Requirement 1

By 1 July 2022 the provider must ensure that people experience care and support that is safe and right for them, by improving individuals' personal plans to:

be written in a person centred manner and be fully reflective of the residents life experiences, choices, preferences and assessed needs

make clear the intended outcomes of the care and support provided

include appropriate risk assessments and assessment tools which are completed fully and accurately

be reviewed not less than six-monthly and clearly evaluate progress towards agreed outcomes

ensure care staff are allocated time to become familiar with care plans. In addition, the provider must ensure that personal plans and associated recordings including daily notes are clear and legible.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation SSI 2011/210 Regulation 4(1)(a) - welfare of service users and Regulation 5 - Personal plans and Health and Social Care Standards 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).

This requirement was not met at our full inspection 9 September 2022.

An extension was granted with a date of 2 December and then extended to 16 December 2022 due to a period of home closure out with their control. We started to gather evidence from the service using technology on 21 December 2022.

This requirement was made on 17 February 2022.

Action taken on previous requirement

We sampled a number of care plans. It was evident that a lot of effort and attention to detail had been undertaken to produce the plans in a person centred manner. The plans included individuals choices, preferences and routines. This had much improved since our last full inspection. Highlighted within the plans were details of what was important to people and this this information supported good care planning.

All relevant risk assessments were in place, these were up to date and were reviewed monthly. Six monthly reviews were in place for people that included the views of families and considered external health professional feedback. Handwriting was clear to read within the plans.

Met - outwith 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 improve the monitoring and overview of nutritional intake for people, food diaries should be recorded fully and meaningfully. Care should be taken to ensure accurate handover information relating to specific diets for people is in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "My personal plan is right for me because it sets out how my needs will be met, as well as me wishes and choices." (HSCS 1.15).

This area for improvement was made on 5 September 2022.

Action taken since then

Food diaries for people were in place for people who were losing weight. The team leader had an overview of these. Further suggestions were made with regard to the content of the diaries and this will be progressed. We are satisfied that this area for improvement has been met.

Previous area for improvement 2

People living with stress and distress should have a care plan in place that guides staff to support them. This plan should include de-escalation techniques.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "My personal 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).

This area for improvement was made on 5 September 2022.

Action taken since then

We sampled care plans for people who displayed levels of stress and distress. We saw good recording of what could trigger distress, and what care and support should be provided to de-escalate. This included playing favourite music, use of therapy dolls, looking at photographs and discussing their family members who were important to them. These plans had much improved since our last inspection.

We spoke with a relative who advised us that their aunt's distress levels had reduced over a period of time and who told us staff interventions had supported her. It was clear that the service had communicated with relatives in this regard and is also linked to the life history area for improvement below. This improvement has been met.

Previous area for improvement 3

People can be supported well if knowledge is obtained about their life histories. This can promote discussion and distraction techniques and guide staff to support residents. The service should gather information with the help of families to support care planning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "My personal 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).

This area for improvement was made on 5 September 2022.

Action taken since then

From the care plans we sampled, there was good evidence of life histories in place. These provided good background knowledge of the person, their life, and what and who was important to them. Favourite hobbies were also listed. This information supported the de-escalation of stress and distress. This area for improvement has been fully met.

Previous area for improvement 4

People experiencing care should be confident that their chosen advocates will be informed or updated of any significant events that they may experience. In order to achieve this the manager should:

Ensure there is a robust procedure in place that instructs all staff on when and who to contact, when a significant event or change has occurred for someone.

Review and ensure that all care and support plans have details of people's chosen advocates and their preferred method of communication.

The manager should ensure that all staff are aware of their roles and responsibilities in communicating effectively and recording accurately after a significant incident or event has occurred.

This area for improvement was made on 14 October 2022.

Action taken since then

From the records we sampled we saw details of family members, next of kin or welfare appointees that should be contacted. Relatives we spoke with told us communication was good and they were updated with information when necessary. Daily handover information is communicated within the home that also includes any significant incident or event and any action that should be taken.

This area for improvement has been met.

Previous area for improvement 5

The provider should ensure that the level of staffing is adequate to provide the assessed level of support to people at all times. In order to achieve this the manager and provider should:

Ensure that all service users are assessed and that they have a clear and robust programme in place for the number of staff required to meet people's needs and that this is reflective of any changes.

Ensure people are adequately supported and supervised to minimise risk. The provider should continue with their recruitment drive to fill any remaining vacant posts.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This area for improvement was made on 14 October 2022.

Action taken since then

All dependencies of care needs are calculated regularly. There has been a number of recent vacancies filled after a successful recruitment drive. This means the staff team is becoming more permanently stable with less reliance on agency staff. If agency staff are required, requests for previous staff to return is usually in place, offering more consistency of care to residents. The home receives full recruitment support from the provider.

Previous area for improvement 6

People experiencing care should be confident that when they or their chosen advocates raise concerns with their care and support, they will be supported to do so, and these are discussed with them.

That any areas of agreed improvements are made and monitored for effect. In order to achieve this the manager should:

Ensure that there is clear guidance for staff on how to support people to raise concerns regarding their care and support.

Ensure that all concerns are recorded and discussed with people using the service or their chosen advocates and that any agreed outcomes are implemented and monitored regularly for continued effect.

That agreed outcomes are used to impact and tailor peoples care and support plans, so that staff have clear instructions on how best to support people in line with their wishes and wants.

The manager should ensure that there is regular detailed reviews of people's care and support where there can be open and honest discussions involving the person and or their chosen advocate. - reviews in place, evidence of concerns raised by family in previous inspection about eating were fully addressed, improvements made.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 14 October 2022.

Action taken since then

Reviews are undertaken six monthly as highlighted in requirement 1. The service evidenced examples of when concerns had been raised by relatives and what action had been taken to resolve these. We also saw evidence of how concerns were incorporated into care plans, for example support for eating and drinking.

This area for improvement has been met.

Previous area for improvement 7

People experiencing care should be able to be confident that their clothing and possessions will be safe and looked after to achieve this the manager should:

Ensure that an accurate inventory is taken on admission and updated to reflect any items brought into or removed from the service.

People experiencing care should have access to a secure place to keep their belongings safe.

Continue to work with all staff, including laundry staff on ways to limit the changes of people's personal belongings being damaged or misplaced while in the home.

This is to ensure care and support is consistent with Health and Social Care Standard 5.3: I have an accessible, secure place to keep my belongings.

This area for improvement was made on 14 October 2022.

Action taken since then

A safe can be utilised alongside temporary locked boxes for any items that people would like to have secured. The service advised that they will communicate in their newsletter that staff need to be advised if items are brought in (or removed) for residents so that inventories can be updated to reflect these changes/ additions.

This area for improvement has been met.

Previous area for improvement 8

People experiencing care should be confident that they will be helped to feel safe, secure and protected from harm, from themselves and others. In order to achieve this the manager should:

Ensure that there is a robust policy in place that supports staff in completing a full investigation when concerns are raised.

That staff are aware of how to conduct an investigation when injuries are noted.

Ensure that people experiencing care or their chosen advocate are kept up to date with any investigation and any findings.

That staff know when to seek medical advice if people are found to have unexplained injuries.

This area for improvement was made on 14 October 2022.

Action taken since then

We saw from the records we sampled there was clear information recorded and shared with chosen advocates. Any unexplained injuries were discussed at daily meetings and followed up. We saw examples of when medical intervention and advice sought for people who needed this.

This area for improvement has been met.

Previous area for improvement 9

People experiencing care should be confident that their personal care needs will be met. In order to achieve this the manager should:

Ensure that a full review of people's care and support plans is conducted to make sure they continue to meet people's needs.

Ensure that staff are fully aware of people's needs, that staff have time to read and understand people's care and support plans.

Ensure that people's care and support plans advise staff on how best to support people with their personal care needs.

Make sure staff know the importance of detailed and accurate record keeping.

Ensure that all staff are aware of how best to support someone if they refuse assistance from staff with their personal care. Good examples of de-escalation techniques provided in current sample and what works for person

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: My care and support is consistent and stable because people work together well.

This area for improvement was made on 14 October 2022.

Action taken since then

We saw improvements had been made with regard to recording of person centred care that took into account individual's preferences, wishes and routines. This has been highlighted in requirement 1 and area for improvement 2, both of which have been met.

This improvement has been fully met.

Complaints

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

Detailed evaluations

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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