

Ainslie Manor Nursing Home Care Home Service

Stranraer Road
Girvan
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Telephone: 01465 715 023

Type of inspection:
Unannounced

Completed on:
12 May 2023

Service provided by:
Cumloden Nursing Homes Ltd

Service provider number:
SP2007009415

Service no:
CS2003010250

About the service

Ainslie Manor Nursing Home is situated on the outskirts of Girvan. The service provider is Cumloden Nursing Homes Ltd.

The service is registered to provide care to 45 older people.

The current maximum occupancy is 42 beds, comprising of 32 single rooms and 5 shared bedrooms.

There were 36 people living at the home when we visited.

About the inspection

This was an unannounced inspection which took place on 9 and 10 May 2023. The inspection was carried out by two 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 family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with involved professionals.

Key messages

- The service needs to improve on people's experiences in the care home.
- There was a need to develop the skills and knowledge of staff to improve outcomes for people living with dementia.
- The management of medication needs to be improved to ensure that people's health needs are supported safely and effectively.
- The introduction of the care planning system has been a positive development, but care plans should reflect a more outcomes focussed approach.
- The provider must develop effective quality assurance systems to improve standards and support a culture of continuous improvement 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

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| How well do we support people's wellbeing? | 2 - Weak |
| How good is our leadership? | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| How good is our setting? | 3 - Adequate |
| How well is our care and support planned? | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

We had concerns that the principles of respect, dignity and choice were not fully promoted. People did not always experience compassionate care and support and there were instances when staff engagement with people was poor. Interactions were task based and at times people were rushed. Engagement with people was often brief. Staff spoke over people's heads, did not always acknowledge people when they were in the room or wait for a response to questions asked. This could make people feel isolated and ignored. There was a need to improve leadership of staff teams and develop role models to guide staff. Staff approach and engagement could be improved with dementia care training such as the 'Promoting Excellence framework for dementia learning and development.' This would help staff develop the skills and knowledge to deliver responsive, person-centred care. See requirement 1.

Opportunities for meaningful activity and engagement were sparse and on the whole only included group and indoor activities at set times of the day or week. Choices were limited and people's aspirations were restricted by what was possible given the lack of resources. Resident comments included "activities are a bit thin on the ground", "the garden is off limits, unless you have staff with you", "I'd like to go a walk or bake, but don't get a choice to do that here".

The auditing system to assess the effectiveness and compliance of medication was not capturing the appropriate aspects of medication management. Therefore, the outcomes of audits were not informing improvement plans. These failings indicate that medication was not being managed in a consistent way to effectively and safely support people's healthcare needs. See requirement 2.

Health assessments were being undertaken and changes in well-being noted and actioned. There needs to be improvement on the overview of clinical governance and systems in place to support and evaluate learning from current performance. Managers should meet regularly to guarantee good outcomes for people ensuring high risk clinical needs are being addressed appropriately. An improvement in accessing and enhancing relationships with healthcare professionals, this should give additional support and guidance when making clinical decisions.

Requirements

1. By 6 July 2023, the provider must ensure that staff have access to training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people being supported.

To do this, the provider must, at a minimum:

a) commence Promoting Excellence Framework for dementia care training for all staff,

b) regularly monitor staff competence through direct observation of their practice,

and

c) put measures in place to increase meaningful opportunities for residents.

This is to comply with Regulation 4 (1)(a) (Welfare of users) and Regulation 15 (a) (Staffing) 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 (HSCS) 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).

2. By 6 July 2023, the provider must ensure that medication is managed safely and in line with best practice guidance.

To do this, the provider must, at a minimum:

- a) ensure that management undertake regular and relevant audits of medication to ensure the competency of staff, to assess safe medication management,
- b) ensure that prompt action is taken to address any gaps or errors identified in medication audits,
- c) formally observe staff practice to determine an understanding of their responsibilities to manage medication safely,
- d) ensure medication prescribed to be given 'as required' is given accordingly and regularly reviewed,
- e) ensure any changes to a prescription are made by a prescriber and written up;
- e) ensure that PRN protocols are in place and all records are of a good standard.

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 (HSCS) 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 leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths these were compromised by significant weaknesses.

There was a lack of effective quality assurance, which meant the service failed to identify issues, develop an action plan and drive improvements. It is important to continue to revisit this process to ensure good outcomes for people.

An example being medication management, failure to audit important areas and have an overview. The approaches taken were not sufficiently detailed to demonstrate the impact of any planned improvement.

There was a previous requirement for quality assurance which was met but improvements not sustained, this means that service provision has become unsafe in some areas and that development opportunities for staff have been poor. See requirement 1.

The service did not have aims and objectives in place, they had a mission statement. This meant that the aims and objectives of the service were not clear and we require this be reviewed. Clear aims and objectives help to define the direction and purpose of the service. This would help guide effective decision making about service provision, staff development and support improved outcomes for people using the service. Clear aims and objectives help people who are thinking about using the service understand what they can expect. See requirement 2.

Requirements

1. By 6 July 2023, the provider must demonstrate that people living in the home are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service,
- b) ensure that action plans to address issues identified are fully developed following audit,
- c) review actions taken to ensure that they effectively improve outcomes for people living in the home,
- d) use feedback from people living in the home, their families and staff to inform service development.

This is to comply with Regulation 4(1) (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 (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).

2. By 6 July 2023, the provider must review the aims and objectives for the service. They must clearly set out details about the service being provided, why you are providing the service, how it will be provided, who will provide it, and to whom the service will be available.

This in order to comply with The Social Care and Social Work Improvement Scotland (Applications) Order 2011 (SSI 2011/29).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service that is well lead and managed' (HSCS 4.23).

How good is our staff team?**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths these were compromised by significant weaknesses.

There was insufficient attention to understanding why safer recruitment is important, which potentially may put people at risk. The current recruitment process is not safe. For example proposed new staff come into the home prior to being PVG checked to "shadow" a senior and observe routine for the day. This included observing personal care to see if they are a fit for the role. This potentially puts people at risk.

It was unclear if the values and motivation of potential staff were explored as part of the recruitment process as there were no interview notes; or what informed recruitment decisions.

The service should adhere to the safer recruitment through better recruitment guidance to ensure that the induction policy, procedure and practice keep people safe. The induction should be reviewed to include an emphasis on implementing the Health and Social Care Standards (HSCS) and professional codes of practice as underpinning values for all staff. See requirement 1.

Arrangements for assessing ongoing competencies of staff are minimal, there is little encouragement for reflection on how learning needs will be met or how this might improve practice and outcomes for people. Although supervision takes place it does not give the opportunity to discuss well-being, learning and development, HSCS, professional registration or encourage reflective practice. Area for improvement 1.

The home use an online eLearning module system for core areas. Training is basic and restricted to set topics, often with little mention of values or codes of practice and their importance to inform good care and support. Recent needs led training by the NHS had not met the learning needs of the team.

Whilst staff may be registered with relevant professional bodies they do not fully understand their responsibilities for continuous professional development or how they can fulfil this.

Staff had little access to good practice guidance or opportunity for further discussions to ensure knowledge is consolidated and embedded into practice. Team meetings should be a priority to ensure that staff share the opportunity to reflect on skills, knowledge and learning as a team. See area for improvement 2. (We have made a requirement regarding the development needs of staff within key question 1).

Requirements

1. By 6 July 2023, to protect people from harm the provider should ensure that they recruit all staff in accordance with safe recruitment processes;

To do this, the provider must, at a minimum:

- a) review recruitment policy and procedure to reflect safer recruitment principles and guidance,
- b) ensure that staff are consistently recruited in line with current best practice guidance on safe recruitment.

This is to comply with the Scottish social services council (SSSC) (Fitness to Practice) Rules 2016.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

Areas for improvement

1. The provider should develop and introduce formal systems to continuously assess and monitor that training is supporting staff to improve their practice and this is ensuring good outcomes for people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

To improve communication team meetings should be introduced to improve the outcomes for people and develop staffs skills and knowledge.

How good is our setting?

3 - Adequate

We made an evaluation of adequate for this key question. Where strengths only just outweighed weaknesses.

During the inspection visit we noted several issues with the measures in place to support acceptable standards of Infection Prevention and Control (IPC). This included concerns about the management and availability of Personal Protective Equipment (PPE), the management of laundry, the cleanliness of soft furnishing, unsafe storage of cleaning products and aspects of poor staff practice.

We discussed the issues with the management team who took prompt action to resolve most of the issues and put plans in place to act on others. This demonstrated a responsive approach. However, it highlighted the failings in the quality assurance systems and processes used in the service.

The service had used the Kings Fund tool to assess how Dementia friendly the care home was. There were plans for improving access to the garden, we saw some redecoration had been done, there were also plans for replacing flooring. This will ensure that people benefit from high quality facilities.

The manager was responsive when we highlighted any areas of concern within the environment, there was a willingness to improve facilities for the outcomes for the residents. It is important for the manager to maintain a regular overview of the home and facilities.

We found some gaps in health and safety records, again this highlighted how the quality assurance systems should be used better in the service.

Areas for improvement

1. The provider must ensure that the setting is safe and well maintained.

To do this, the provider must, at a minimum:

- a) the manager should do a regular walk around the home to ensure the quality and cleanliness of facilities.
- b) manager should ensure that all record keeping supplementing health and safety checks are robust.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience a high-quality environment if the organisation provides the premises My environment is secure and safe' (HSCS 5.19).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. Where strengths only just outweighed weaknesses.

Care plans were reviewed and updated regularly, and as people's needs change. The new electronic care planning system is clearly benefitting the service to keep on top of six monthly reviews. Where people were not able fully to express their wishes and preferences, relevant individuals important to them were involved. Families of people supported told us that they were happy with the care and support given.

Care plans could be improved to include outcomes important to people. It is important to put the focus entirely on people's needs and not the tasks to be carried out. By making the care plans more person-centred the principles of respect and choice should inform staff practice. See area for improvement 1.

The standard of care and support planning could be improved further supported by strong leadership, staff competence and robust quality assurance processes.

Areas for improvement

1. The manager should continue to develop care planning to reflect a more person-centred approach, providing evidence of what is important to the person in terms of their choices and preferences.

To do this, the provider must, at a minimum:

- a) the service will look to improve care plans to be more person-centred detailing outcomes for people,
- b) Care and support planning should maximise people's capacity and ability to make choices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My 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).

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 submit an action plan, with timescales, regarding the reduction and removal of all shared bedrooms within the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This area for improvement was made on 21 September 2020.

Action taken since then

Some work had been undertaken regarding the use of shared rooms. We were assured that this situation was reviewed and monitored to ensure people remain happy with the arrangement. However, one person said they were unhappy sharing with a stranger a causing her not to feel settled in the home. We discussed this with the manager and we were assured that action was being taken to offer the choice of a single room.

This area for improvement is 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

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| How well do we support people's wellbeing? | 2 - Weak |
| 1.1 People experience compassion, dignity and respect | 2 - Weak |
| 1.2 People get the most out of life | 2 - Weak |
| 1.3 People's health and wellbeing benefits from their care and support | 2 - Weak |

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| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement is led well | 2 - Weak |

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|---|----------|
| How good is our staff team? | 2 - Weak |
| 3.1 Staff have been recruited well | 2 - Weak |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 2 - Weak |

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|---|--------------|
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |

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|--|--------------|
| How well is our care and support planned? | 3 - Adequate |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

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