

Almond View Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
17 October 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 to provide a care service for up to 78 older people. Inclusive in this number is a maximum of four places for adults aged 50 - 64 yrs with conditions aligned with old age. The provider is Holmes Care Group Scotland Limited. There were 44 residents at the time of this inspection.

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 an accessible, enclosed 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 11, 12 and 13 October 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 10 people using the service and eight of their relatives and friends
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional

Key messages

- People experienced compassionate care from committed staff who knew them well.
- People had access to a variety of opportunities for social stimulation, creative arts and exercise.
- People benefitted from the close links with partner agencies.
- There were effective systems in place to monitor and manage people's health and wellbeing.
- There were systems in place to support service improvements.
- People had opportunity to be included in decisions about the service and support they received.

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?	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 overall, as there were several important strengths which, taken together, clearly outweighed areas for improvement.

Staff were observed to be kind, compassionate and natural in their interactions with people, promoting their sense of wellbeing. People were well presented, supporting their dignity and appointments with the visiting hairdresser and barber were evidently an enjoyable and important part of people's routines. Visitors we spoke with expressed high levels of satisfaction about the performance of the staff team. Comments included 'staff empathise, are kind and caring, like a wee family' and 'can't fault the professionalism of the staff, they love mum'.

Participation was promoted, examples included evidence of people's involvement in choosing the decor of a recently decorated lounge and involvement in recent staff interviews. This helped ensure that people were included and valued and that their valuable insights helped inform improvements. There were also opportunities for people to comment on the service they received through regular review meetings.

At the time of this inspection there were vacancies within the activity staff team. In their absence, care staff were facilitating activities where they could and people were seen to be enjoying some of the activities on offer. Input from external sources also provided people with a range of experiences which included intergenerational work, visits to support spiritual needs, creative opportunities and activities to promote movement and exercise. This helped reduce isolation and boredom and promoted structure and stimulation.

Activity staff are key to driving and delivering high quality, meaningful and person-centred activities appropriate to people's needs and abilities. Whilst we saw indications of positive outcomes for some people, further work is needed to evidence that those individuals less able to participate in group activities due to cognitive impairment or physical health issues were having their needs met. The manager was actively recruiting for the vacant posts at the time of the inspection.

We observed the mealtime experience and found this to be a pleasant social activity. People were supported in a calm environment, at their own pace with staff available in sufficient numbers to provide the support required. Meals appeared appetising and well presented and people appeared to be enjoying what was on the menu.

Care documents we sampled contained comprehensive information about the way people wanted to be supported. There was evidence that clinical observations were taking place to monitor and respond to any health concerns. This included regular weight monitoring for those at risk of malnutrition and we saw good evidence of weight gain where this was an intended outcome of planned interventions.

A stable staff team comprised of experienced, permanent workers with limited agency use contributed to staff understanding of people's needs and the good rapport with residents that we observed. People also benefitted from the links the service had with key partners in health, with recent support from the Health and Social Care Partnership to support staff development.

We found overall that medication was well managed despite noticing some gaps in relation to the recording of 'as required' medication. The regional operations manager responded immediately to address these issues when we highlighted them.

How good is our leadership?

4 - Good

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

We found several key improvements since our last inspection. More robust quality assurance systems were in place to keep people safe and well. This included monitoring accidents and incidents and where necessary, identifying actions to promote people's wellbeing.

The provider had developed a continuous improvement plan, this was aligned to the Care Inspectorate's quality framework which promotes the human rights of people using care services. This approach will help to keep a focus on the impact on outcomes for people from planned service improvements. We were pleased to conclude that an area for improvement made at the last inspection in relation to quality assurance had been met.

Internal communication had improved with the introduction of flash meetings, monthly clinical meetings, multi-disciplinary meetings and information sharing hubs. These all contributed to more effective management oversight and governance.

We liked that the new manager had moved their office near to the reception area, this meant that they were more accessible to visiting relatives and professionals and signalled the importance of being more visible. Staff spoke positively about the new manager and could see the benefits of the changes made since they had come into post. This included more integrated teamwork between each of the units.

The provider was prioritising recruitment to strengthen the management team. This will help meet the aims and objectives of the service, drive improvements and ensure that progress made is sustained.

How good is our staff team?

4 - Good

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

We sampled training records and concluded that there were high levels of compliance for mandatory training. This meant that people could be confident that staff were trained in key areas essential to support staff competence. Staff said the training they received helped them support people effectively.

In addition, the Health and Social Care Partnership had recently provided training that contributed to staff development, with stress and distress training delivered to increase staff knowledge and confidence when supporting people who experience stress and distress. Tissue viability training had also been provided helping promote proactive and preventative approaches to supporting people identified as potentially at risk.

We noted that staff retention rates were good, this was commendable in view of the current low occupancy at the service. This meant that the valuable knowledge staff had about residents needs and preferences and positive relationships were retained. This familiarity supported good outcomes for people and was key to the continued confidence relatives had in the service.

We were pleased that the provider was taking a more considered approach towards admissions. This meant that they could be more confident that the needs of people identified as suitable for admission could be met by the service and planned to ensure that additional training needed was provided to staff before people were admitted.

The focused work to raise standards and improve staff practice was evident from our observations during this visit and we found improved leadership and greater transparency and accountability with the introduction of staff allocation sheets.

While we saw evidence of group supervision, the new manager needed time to implement formal measures to support staff practice and development including one-to-one supervision and observation of staff practice. These are essential in monitoring performance, promoting good practice, and translating training into positive outcomes.

How good is our setting?

4 - Good

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

Our observation on arrival was that the home was bright and clean and had a calm and welcoming feel. Corridors were well lit and handrails helped ensure residents safe passage around the home.

There were ample communal spaces for people to enjoy, although not all being used due to the current occupancy levels and staff deployment. We heard about plans for cosmetic improvements. One of the lounges had just been decorated, this was modern, tasteful and inviting. The quality of the environment can have an impact on peoples sense of wellbeing and the high standard of decoration we saw in the lounge, once replicated throughout the home, will help promote people's comfort and afford better opportunities for social contact.

Residents and their visitors had access to a cafe area within the home, this was also used for activities and large enough to accommodate residents from each of the units who wished to attend. People also benefitted from a dedicated and well-equipped space providing a salon experience from the visiting hairdresser and barber.

We were disappointed that despite good infection prevention and control measures, some chairs in one of the lounges needed attention to bring them up to an acceptable standard of cleanliness. The operations manager responded immediately to our findings and from the plan provided, we were satisfied that this would be addressed.

Residents had access to outdoor space with a large enclosed courtyard, suitable for wheelchair use and a path to the back of the home where people could enjoy a stroll.

Operation of the laundry was aligned to national guidance with clear demarcation of clean and dirty areas, appropriate equipment for the transportation of laundry around the home and different entry and exit doors, all helping to reduce risk and supporting effective infection prevention and control management.

Maintenance of the home was well managed with systems in place for reporting and managing faults and repairs. The housekeeping team was sufficiently resourced proportionate to the size of the building and occupancy levels. This meant that people could be confident that the environment was well looked after and safe.

How well is our care and support planned?

4 - Good

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

It is important that care plans reflect people's needs and wishes to ensure that they receive support that is right for them. Those we sampled were strength based, person-centred and outcome focused. This meant that there was a focus on the things that people were able to do as well as those that needed support. This helped maintain people's independence and skills. Plans were regularly reviewed and updated to take account of changing needs. Formal reviews were outcome focused and identified where outcomes had been achieved and any further actions to be taken.

Care plans were comprehensive and covered all of an individual's needs, with outcomes identified. Improvements were needed in relation to more formal activity planning and the evaluation of activities offered to ensure that these meet people's needs.

People's preferences were recorded, as was the way people wanted to be supported. This included the support they would want in the event of a decline in their health. Where people were unable to make these decisions, their legal representative had been consulted. This meant that current and future arrangements were based on information from those who knew them well.

We saw information to guide staff when people experience stress and distress. It was reassuring that staff were aware of effective approaches to use, this meant that other interventions were being considered prior to 'as required' medication being used for those prescribed this.

Where restraint methods were being used to support people, paperwork had been introduced to ensure that this was being reviewed and was the least restrictive measure to keep people safe. This complies with legislation that supports people's rights where restrictions are necessary.

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 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)

This area for improvement was made on 18 January 2023.

Action taken since then

Whilst we saw evidence that a range of activities were available, the recent resignation of the activity staff team had meant that there was limited evidence of the outcomes from activities for individuals. As activities were not being evaluated, it was not possible to ensure they were meeting people's needs.

This area for improvement has not been met.

Previous area for improvement 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).

This area for improvement was made on 18 January 2023.

Action taken since then

We continued to find gaps in recording where people received 'as required' medication. This included recording the outcome, meaning that information that would support an evaluation of the effectiveness of the medication prescribed, was incomplete.

This area for improvement has not been met.

Previous area for improvement 3

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).

This area for improvement was made on 18 January 2023.

Action taken since then

A service improvement plan aligned to the Care Inspectorate's quality framework for care homes for adults and older people had been developed.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 18 January 2023.

Action taken since then

Whilst we saw evidence of group supervision focusing on specific areas, the new manager needed more time to implement formal one-to-one supervision and observation of staff practice.

This area for improvement has not been 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

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very 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
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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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