

Thorn tree Mews Care Home Service

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Type of inspection:
Unannounced

Completed on:
27 October 2023

Service provided by:
Countrywide Care Homes (3) Limited

Service provider number:
SP2013012124

Service no:
CS2013319184

About the service

Thorntree Mews is a care home that is registered for 40 older people, some of whom may be living with dementia and/or a physical disability. The Provider is Country Care Homes (3) Limited.

The care home is in a residential area close to Falkirk town centre, and is near to local amenities including shops, train and bus routes.

The care home is a spacious converted period type house with accommodation on two levels. It is divided into two self-contained units, each with a lounge, dining area, other quiet areas and bedrooms. The care home has an enclosed garden at the rear and a seated area at the front.

About the inspection

This was an unannounced inspection which took place on 24 October 2023 from 09:00 until 18:15 and on 25 October from 09:00 until 19:30. 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:

- spent time with people using the service and obtained feedback from some of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals.

Key messages

- Staff treated people with compassion, dignity and respect.
- Improvement was needed around ensuring that the right equipment was in place for people who needed it and that general equipment was repaired/replaced as needed.
- There was a lifestyle coordinator who arranged a weekly lifestyle programme for people to be part of. The service were currently recruiting for a second person to enhance this.
- Improvements were needed around supporting people with their nutrition and hydration.
- People who lived at Thorntree Mews and their families were overall happy with the care and support.
- Improvements were needed to ensure that the correct staffing levels were maintained.
- Improvements were required to ensuring accident and incident reporting and management was consistently managed.

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?	3 - Adequate
How good is our staff team?	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?

4 - Good

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

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. Staff advocated for the residents when they spoke with us and demonstrated respect for the people they were supporting. They were open and honest about what was working well and any aspects that could be improved. There were lots of warm and respectful interactions between staff and residents. One person told us, "Staff all do their job well", whilst another said, "I know there are some staffing issues just now, but staff try their hardest". A relative told us, "Staff are fantastic", whilst another said, "Sometimes they are so short staffed".

We were made aware of two current situations where equipment that people had been using prior to being admitted to the care home had not been made available to them. For one person this had a direct impact on maintaining their independence, despite them having been recently assessed by the Occupational Therapist. Whilst pre admission assessments had taken place by the care home, management had not ensured that identified equipment were available prior to their admission (see area for improvement 1).

There was a dedicated lifestyle co-ordinator with a second currently being recruited for. There was as good range of activities that were well planned as well as ad hoc activities supported by the carers throughout the day, when time allowed this. There is a shared minibus and some people had been supported to get out and about. However, we were told that staffing levels curtailed getting out at times. The lifestyle co-ordinator was relatively new but people spoke of the positive changes they had already made. They told us about their plans going forward to include everyone and look at people's wishes and aspirations. One person who had lived there for over a year told us, "I've been out twice, but would like to get out more often" whilst another said, "There's different things you can join in with". Key dates throughout the year were celebrated with arts and crafts, entertainers and other events.

We observed the mealtime experience to be relaxed and the dining room tables were nicely set, meals were well presented and people were encouraged to sit next to friends so they could chat to each other. Improvements were needed around nutrition and hydration as people's assessed needs were inconsistently met. The service used the Malnutrition Universal Screening Tool (MUST) to identify people who may be at risk, however, the outcome was not consistently reflected across documentation that the care staff or kitchen staff used. This meant that there was no clear approach by staff where a 'food first' approach, including offering a fortified diet, had been identified. Where people had been assessed by the Speech and Language Therapist as requiring a texture modified diet, this was not consistently recorded putting them at risk (see area for improvement 2).

People benefited from regular access to relevant professionals to support their health and wellbeing. Staff had good links with local health professionals and the majority of relatives told us that, they felt their loved ones' health needs were usually met. One relative told us, "I think it's an excellent nursing home and I can't praise them enough", whilst another said that, "At times there could be more staff to help my relative with their walking".

Areas for improvement

1.

To support people to have a smooth admission into the care home, the service should ensure that any equipment identified during the pre admission assessment is in place before they are admitted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To support people to have food and drink that meets their needs, preferences and wishes, the service should, as a minimum, ensure that:

- a) People identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day.
- b) Staff are trained in texture modified diets as per the International Dysphagia Diet Standardisation Initiative (IDDSI).
- c) Snacks and meals are offered throughout the day.
- d) Any relevant documentation is kept up to date and reflects each persons' current needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate as strengths only just outweighed weaknesses.

During our inspection the home manager was on leave and the deputy manager supported the inspection, joined by the regional director for the second day.

People could be assured that there were systems in place to audit standards of care within the care home. We found that this included audits for key areas including medication management, nutrition and falls. However, a review of this is needed to ensure that the concerns identified during the inspection will be monitored going forward.

Staff we spoke with across the inspection told us that they felt that currently they needed more support from management. This was mainly around a lack of repairs or replacement of equipment and sundries as well as being left to work short staffed. Please see further information under key question 3 with regard to staffing. Equipment issues included a broken fridge, microwave and toaster in the upstairs dining room. This meant that staff could not keep milk, yoghurts etc and had to keep going downstairs to the main kitchen whenever they needed anything. A member of staff had brought in a toaster to be used meantime to ensure that the residents could have freshly cooked toast. There was also an issue with there not being enough chairs in the lounge for everyone.

We highlighted these and a few other aspects around equipment and supplies and the regional director arranged for these items to be purchased before we left. However, it should not take for our visit to bring this about and systems should be in place to ensure that repairs and replacements are identified and actioned in a timely manner, especially where they directly affect outcomes for people (see area for improvement 1).

Improvements were required to ensure accident/incident reporting and management was consistent. There was lack of robust oversight to track whether any accidents/incidents had been referred to other bodies and/or the person's next of kin. Several events that should have been notified to us had not been (see requirement 1).

Requirements

1. By 29 February 2024, the provider must ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed.

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

- a) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- b) Implement a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.
- c) Ensure that service users' identified next of kin are informed about any relevant events.

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 ensures 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) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

Areas for improvement

1. To support good outcomes for people, the service should ensure that:

- a) A protocol is devised to ensure that all staff are aware of how to report any faulty equipment and/or request any new equipment or sundries.
- b) Management should be aware of the provider's processes for arranging equipment repairs and/or the purchase of new equipment and sundries.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate as strengths only just outweighed weaknesses.

Staff across the care home helped each other by being flexible in response to changing situations, including staff absence to ensure care and support was as consistent as possible.

There was a dependency assessment in place which was carried out by management, but this did not include other measures or feedback to determine what staff time is required. The staffing assessment was not transparent and the outcome was not shared with staff, those living in the service or their relatives.

Staff we spoke with were clearly committed to caring for the people in Thorntree Mews but morale was very low. They told us, "I feel overwhelmed at the moment as we are often short staffed", whilst another told us, "I go home and don't feel that I've done as good a job as I can". Staff shared examples of what the outcomes were for the people who live there on those days. These included having to rush people, people getting up a bit later and in general having to be more task orientated than person centred.

There were staff shortages on both days of our inspection and when we asked about this we were told that if no one volunteers to work extra, then they work short. This may be manageable for an odd occasion, but this had been happening more frequently. We were assured by the regional director that this should not be the case and that sister homes should be contacted to see if they have staff available and if not, then agency staff may be used. (see area for improvement 1).

Areas for improvement

1. To support good outcomes for people who live in the care home and to support staff wellbeing, the service should, as a minimum:

- a) Ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
- b) Devise a protocol for staff to follow when there is any staff absence.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

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	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

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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