

Cumbræ House Care Home Service

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Glasgow
G20 6UQ

Telephone: 01413 325 909

Type of inspection:
Unannounced

Completed on:
27 October 2023

Service provided by:
Oakminster Healthcare Ltd

Service provider number:
SP2003002359

Service no:
CS2010270797

About the service

Cumrae House is registered to provide a care home service for a maximum of 66 older people, with up to five places for people who require respite or a short-term placement. The provider is Oakminster Healthcare Ltd. There were 65 people using the service at the time of this inspection.

The accommodation comprises of three floors, each with their own lounge and dining areas. All bedrooms are single with en-suite shower facilities. The home is situated within a residential area in the west end of Glasgow, has a car park and secure garden area to the rear. There are shops and other facilities nearby.

The home aims to provide: 'the highest standard of care and to do everything to make people's stay as pleasant and as comfortable as possible'.

About the inspection

This was an unannounced inspection which took place between 23 and 27 October 2023. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with 12 people using the service and five of their friends and family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The care home had a warm, pleasant, and homely atmosphere.
- People appeared happy, comfortable, and had positive relationships with fellow residents and staff.
- Every person, including those with complex needs, had access to stimulating and diverse activities.
- People's needs were met well by the nursing and care staff team.
- Housekeeping and maintenance teams ensured the home was clean, welcoming, and safe.
- Leaders were effective and had good communication with people, relatives, and staff.
- Improvements should be made in areas such as people's six-monthly reviews and staff development to further enhance 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? | 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.

We received positive feedback about the service from people and their relatives. People spoke highly about the service's warm atmosphere, staff's caring nature, and good communication with the management team. A relative told us that 'it's a brilliant home. My [relative] is well cared for and it really feels like an extended family'.

People generally experienced positive outcomes living at the care home. The service demonstrated good insight into people and their interests. For example, people whose first language was not English were supported to maintain their linguistic and cultural needs. We spent time with someone who was supported to visit their previous place of work, which was important to them, and people with an interest in horticulture were encouraged to maintain the service's garden with their peers. This gave people a sense of belonging and achievement, and boosted their morale.

The service had significantly improved its approach to people's activities and stimulation. There were opportunities to participate in a diverse range of group activities including exercise classes, dances and karaoke, and arts and craft sessions. People were meaningfully included in their community as staff regularly supported people to local shops, cafes, and clubs. The service hosted summer fetes and winter events which members of the local community attended, and pupils from nearby nurseries and schools visited the home in an intergenerational exchange. This dynamic approach to activities, and natural connection with the community, enhanced people's mental and physical wellbeing.

Importantly, people who could not, or did not want to, participate in group activities had opportunities for one-to-one stimulation. Staff visited people in their rooms and offered private sessions in reading, singing, health and beauty treatments, and other sensory experiences. Staff recorded and evaluated these sessions to ensure they were effective in meeting people's needs. This ensured that every person, including those with more complex needs, was included in the service.

People's health needs were met well with experienced nurses and an established team of senior carers who had enhanced training. An observation of medication highlighted that staff had strong understanding of policies, procedures, and good practice guidance to meet people's needs. Positive outcomes were noted in areas such as nutrition and weight gain where that was needed. And we received positive feedback from visiting health professionals who felt the service was competent and pro-active in promoting people's health and wellbeing.

The service had relatively high use of agency workers last year which presented a risk of inconsistent practice and unfamiliarity for people. We were pleased to see recent recruitment drives had been successful. Care workers on shift were now, in the main, permanent members of staff and had settled well into their role, developing positive rapport with people and good understanding of their needs.

When looking at people's care plans, we could see there was an effective system of assessing people's needs and clearly planning and recording how to meet them. The service used appropriate tools to effectively monitor people's health needs such as food and fluid charts and falls management strategies. The home also made referrals to professionals from disciplines such as nursing, speech and language

therapy, and occupational therapy as required. People and their relatives could be assured that health needs were well managed with this multi-disciplinary approach.

We did note some issues with care plans which, if not addressed, could present a risk to people's outcomes. We could not find evidence that many people living at the home had a recent six-monthly review of their care and support. These are important meetings to ensure people's needs are being met and their views are being listened to. Similarly, for a smaller number of people, the care home's monthly evaluations of needs, in which people's health conditions are monitored, were not fully completed. And there was an absence of person-centred planning, with a lack of reference to people's life histories, interests, and what was important to them. We asked the service to improve their care plans to maintain and further enhance people's positive experiences and outcomes. (See area for improvement 1).

Areas for improvement

1. To promote people's health and wellbeing, the provider should improve personal care planning. This should include, but is not limited to, making plans more person-centred, completing all monthly evaluations, and holding six-monthly reviews to ensure accuracy of information.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state, '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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?

4 - Good

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

People who used the service and their relatives, as well as staff working in the home, provided positive feedback about the service's management team. Leaders were seen as approachable, knowledgeable, and supportive.

The management team had developed an effective quality assurance system which monitored important areas of the service to keep people safe and well. For example, there were audits in medication, falls, nutrition, and infection prevention and control. Management took swift action if people were at risk of harm or poor outcomes. This was confirmed in our discussions with visiting health professionals who felt the home was responsive to people's changing needs.

Management demonstrated positive, inclusive values throughout our visits. Leaders clearly knew people and their needs, and had developed meaningful communication with relatives. The management team sought the opinion of people living at the home through group and one to one meetings, surveys and there were frequent relatives' forums to discuss any issues or feedback. More informally, people described the service as having an open-door policy, in which people could talk with the management team at any time if needed, and this had promoted positive morale and relationships.

We could see that the service valued the opinion of people and their relatives. A 'you said, we did' approach demonstrated that people's feedback - for example, in areas such as activities and food and drink - was listened to and appropriate actions were taken to improve people's experiences.

Leaders had developed a service improvement plan that highlighted ways in which the service could further enhance its performance. These points were insightful and relevant and should further improve people's experiences at the home.

We noted that the service did not always notify us of reportable events such as accidents and incidents. Whilst issues were managed well at service level, it is important that external agencies, such as the Care Inspectorate, are promptly notified of issues. This allows agencies to support the service in reducing risks to people. The management team responded swiftly to our findings. We shared our guidance, received appropriate notifications during our inspection, and agreed clear expectations moving forward.

How good is our staff team?

4 - Good

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

People could be assured that staff were recruited safely in line with national guidance with appropriate checks, references, and registrations in place. New workers had an improved induction period that included online and face-to-face training, as well as shadowing opportunities with experienced workers. This ensured staff had good insight into their duties and people's needs.

All staff had access to a comprehensive training programme. We reviewed training records and all mandatory training, such as adult support and protection, medication, and moving and assisting, had been completed by appropriate staff. We did note that training in dementia could be improved, and we identified several workers who had not completed courses in this important area. Management shared training plans that demonstrated courses in dementia would be prioritised. Overall, we could be assured that staff generally had a thorough induction and training programme to help them meet people's varied needs, with future improvements planned.

Staff morale was high across the service, and workers told us that they felt valued, included, and listened to by the management team. This translated into a positive atmosphere and experiences for people living in the home.

Management communicated well with staff through daily flash meetings, comprehensive handover sessions between shifts, and regular team meetings. This ensured staff were fully informed about any changes in people's needs and how to meet them.

Supervision meetings are important forums for staff to discuss any practice issues, and for management to provide feedback on worker performance. Whilst the quality of supervision meetings appeared high, the frequency of them should be improved. We asked management to prioritise these meetings to continue the high standards of morale and practice.

The service had used a relatively high number of agency workers last year for a variety of shifts. This presented risk of unfamiliarity and inconsistency for people. We were pleased to see recent recruitment drives had been successful, and most staff were now permanent. New staff had settled well into the home, had started to build positive relationships and rapport with people, which was promising for the future development of the service.

How good is our setting?**4 - Good**

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

The care home was generally clean, tidy, and free of odours and clutter. There was a pleasant, welcoming atmosphere and people appeared to feel at ease both in communal and personal areas.

An experienced and well-resourced housekeeping team had developed a robust cleaning schedule. This offered staff clear direction about where to clean and when. These documents were completed fully and demonstrated a high level of cleaning throughout the home. In fact, the home was cleaning areas, such as frequently touched spots, above current national guidance, which helped keep people safe and well.

During our walk round of the care home, we did identify a small number of issues that needed attention, mainly areas in communal bathrooms that were difficult to reach. The management and housekeeping team responded quickly to rectify these issues and updated their cleaning schedules accordingly to reduce any risk of recurrence. This was a swift and effective response which reassured any concerns.

The communal areas were welcoming, spacious and tidy. The service had taken account of good practice guidance for people with dementia. The signage and visual markers, such as signs to show where the toilets were, enabled people to move easily and independently around the home. The environment was regularly assessed to ensure that it remained dementia friendly.

There was a well-kept enclosed garden for people to use and people could independently use the garden, weather permitting. There was also plenty of social space, and The Lighthouse communal lounge area was a focal point for social gatherings. We observed people and their families relaxing in this area, sharing refreshments, as well as participating in some recreational activities. For people who chose to spend more time in their bedrooms, we saw that rooms were personalised and bright, and visited frequently by staff to promote people's wellbeing.

A maintenance team completed health and safety records well to ensure the home was safe for people who lived and worked there. We noted some issues with the auditing of maintenance records. For example, issues were clearly identified, but it was not always recorded if and when they had been resolved. The management team agreed to improve their approach to completing these action plans, which will better demonstrate the good practice in the home.

Whilst the majority of the home was bright and attractive, some areas appeared more dated and in need of redecoration. We could see this was identified by the management team in their refurbishment plan and look forward to seeing further improvements in future.

How well is our care and support planned?**4 - Good**

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

Every person living at the care home had a personal care plan which detailed their needs, and how they would like to be supported.

Care plans were particularly effective in assessing, planning, and evaluating people's health needs. There was clear information about people's needs, including personal care, nutrition, mobility, and skin integrity.

Plans highlighted how people should be supported, and associated tools were completed well to monitor people's health and wellbeing. We were also impressed by additional recordings, such as food and fluid charts, for people at risk of malnutrition and dehydration. This effective health planning helped keep people well, and we could see appropriate interventions and referrals were made when necessary to further meet people's changing needs.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made. Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs completed when this was people's chosen outcome. There was a respectful approach to including people's future wishes.

We did note that plans were not wholly person-centred. There was a lack of information about people's life histories, preferences, and what was important to them. This is essential for understanding and promoting people's rights and outcomes. The absence of person-centred planning was inconsistent with the positive practice and values we had observed during our visits.

People should have six-monthly reviews to evaluate their needs, outcomes, and experiences. These are important forums for people and their relatives to express their views about their service. Reviews for many people were not being held frequently enough in line with this standard. For a smaller number of people, some of the care home's monthly evaluations of people's needs, in which their health conditions are monitored, were not fully completed. We, therefore, asked the service to improve planning by making them more person-centred, ensure that monthly evaluations were completed for all, and to increase the frequency of reviews. This will ensure that people's needs and outcomes continue to be met well.

Complaints

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

Detailed evaluations

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| 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 | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - Good |

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| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |

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| 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 |

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| How good is our setting? | 4 - Good |
| 4.1 People experience high quality facilities | 4 - Good |

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| 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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