

Meldrum Gardens Care Home Service

4 Walnut Grove
Greenhills
East Kilbride
Glasgow
G75 9EZ

Telephone: 01355 574 580

Type of inspection:
Unannounced

Completed on:
18 January 2024

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Service no:
CS2003001334

About the service

Meldrum Gardens Care Home is a purpose-built home situated in Greenhills, East Kilbride.

It has easy access to local amenities and transport links. The provider is South Lanarkshire Council, the service is registered to provide care and support to a maximum of 40 older people.

The care home has 27 apartment style rooms with en-suite shower, kitchen and living facilities over two floors. There is a passenger lift providing access to the upper floor. There is a communal lounge, dining area and two additional bathrooms on each floor.

There are courtyard style gardens which offer places to sit for people to enjoy being outside. There are car parking spaces to the front of the building.

At the time of this inspection there were 25 people living at the home.

About the inspection

This was an unannounced inspection which took place on 16 and 17 January 2024 between 09:30 and 19:30. The inspection was carried out by one inspector 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 nine people using the service and six relatives.
- spoke with nine staff and management.
- observed practice and daily life, and
- reviewed documents.

Key messages

- The home was clean, fresh, and tidy throughout.
- People experienced very good outcomes and were supported by motivated compassionate staff.
- We saw warm and caring relationships between residents and the staff team.
- People had access to a range of meaningful and social opportunities.
- Managers had good oversight of the home.
- Since the last inspection the one outstanding requirement and two areas for improvement have all been met.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home was warm and welcoming, and staff were helpful and professional. Residents were well presented, comfortable and relaxed and we saw caring, attentive interaction between staff and residents. One resident said, "I love this home and love the staff, they can't do enough for me."

We saw warm and pleasant interactions and there were very good relationships between staff and the people supported. Staff knew people well, and people described having had trust and confidence in the staff and management team. This helped provide assurance that people were treated with compassion.

Meaningful connections were encouraged in the home. Feedback we received from people showed that staff promoted a variety of activities that helped to make people feel engaged, happy and included. Staff had time to spend with residents and engage in activities that were important to them. This helps promote wellbeing and keep people connected.

The dining rooms were nicely set out for mealtimes, staff supported people's nutritional needs, encouraged choice, and provided support where required. People could choose where they wanted to eat their meals and we saw drinks and snacks were available out with mealtimes which helped maintain people's health.

Residents were encouraged to participate in tasks around the home, for example residents supported with laundry tasks and household chores. This gives people a sense of responsibility and accomplishment.

The service had links with the local community and there were lots of opportunities to take part in activities both inside and out with the home. During the inspection we saw residents enjoying playing games and we heard laughter and people having fun together. Residents were able to stay connected with family and friends through visiting and digital technology. One relative we spoke to told us, "It's fantastic care, from fantastic staff who are always in touch if there is any change." This reassured us that people were supported to maintain important connections with their family and friends and helped them stay connected.

Support plans and risk assessments were a reflection of people's strengths and abilities. People were encouraged to take an active role in reviewing their personal plan and families were routinely involved in this process. This assured us people received care that was person centred.

We found that people's health and medical conditions were recorded within the personal plans to support staffs understanding of peoples' need. Staff were trained and competent when administering and recording medication, including additional healthcare monitoring charts. The daily notes identified concerns and changes to individuals' health status including advice and intervention from external professionals. Where clinical interventions were requested, these were followed up by staff and recorded within the daily notes and personal plans. This ensured that peoples changing health needs were regularly assessed and addressed to help them stay well.

Management was reviewing people's care records on a regular basis to identify good practice and areas for development. This gave us confidence that people were receiving the correct care and that their health was being monitored.

The laundry was well organised with processes in place to manage people's personal items. There was

process in place to ensure that people's laundry was returned to them. Staff had received training on infection control procedures and were knowledgeable in how to reduce cross contamination. This assured us as that the staff were taking the necessary precautions to prevent the spread of infections.

How good is our leadership?

5 - Very Good

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

Feedback about the quality of management and leadership was positive. People found the management team very accessible and responsive. This helped to make people feel confident about the service and made them feel listened to.

The management team demonstrated good oversight within the home. There were frequent meetings to discuss matters in the home involving all staff. We saw evidence of analysis of incidents including falls with actions taken to reduce the risks. This proactive approach ensures people are kept safe from harm.

There was a range of audits in place to drive improvement and check the quality of care and support provided by staff. Some of the staff were involved in quality assurance, for example by becoming a champion for a particular area of practice such as infection prevention and control and dementia. We saw evidence of staff completing observations of practice such as the care received for people living with dementia. This helped to ensure that people's needs were met well whilst also supporting staff development.

The manager had oversight of significant events in the home such as accidents and incidents. This oversight and analysis was important in making sure the right action was taken to identify trends and learn from events. People were protected from harm and more likely to experience positive health and wellbeing outcomes as a result.

Resident and relative meetings were happening regularly, and any matters highlighted were acted on as needed. People we spoke to told us, "The management are very approachable and will take on board our views and wishes". This gave us assurances that people's views and opinions were sought and valued.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff spoke positively about working in the service, some of whom had worked at the home for many years. Staff were attentive and visible, and we observed good interaction with residents and visitors. People we spoke to spoke highly of the staff, one person commented, "The staff are really nice, and look after me." This assured that residents were being looked after by a caring staff team who were committed in their role.

Staff provided quality care and had the opportunity to spend meaningful time with residents. Staff's perception of staffing levels in the home had improved and everyone we spoke to told us there was enough staff. Staff told us they had time to have meaningful interactions with people and recognised the importance of this. This allowed staff to foster good relationships with residents as they valued and prioritised opportunities for good conversations. This assured us people received compassionate care and ensures people get the most out of life.

Each person's needs were regularly calculated and reviewed by the management team, and this was used to assess and determine if there were enough staff working within the service. We observed attentive and respectful staff practice at various times of the day with plenty of interaction and time spent individually with people where needed. This reassured us there were enough staff to meet people's physical and social needs.

People told us they had confidence in the staff team. There had been a number of new staff since the last inspection however we heard that staff know people well. There was an effective induction and buddy system in place. Staff had access to the right information about a person to support their specific needs and outcomes. This ensures people continue to experience consistent high standards of care to meet their individual needs.

Supervision for staff had improved and the recording of this demonstrated clearer objectives, actions and follow up. These sessions provided opportunity for discussions about work and how best to improve outcomes for people. This enabled staff to develop their individual strengths, skills and interests to achieve good outcomes for people.

Staff were clear of their roles and worked well as a team. We heard about staff's flexible approach and how they worked well together to ensure the needs of the residents were met. There was a strong sense of community in the home through the involvement and investment from all staff. This ensures care and support is consistent and stable.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Meldrum Gardens is a purpose built home over two levels with a passenger lift providing access to the first floor. There are five separate units in total which are all safe and secure with keypad access into each of these. Only four of the units were in use at the time of the inspection. All rooms provide spacious single occupancy apartment style living with kitchen areas and full en-suite facilities. This helps create a homely comfortable feel.

The home was clean, fresh and welcoming. People's rooms were personalised and well equipped. Housekeeping staff had a good knowledge of the appropriate cleaning materials and processes required to ensure effective cleaning. This meant that the environment supported good outcomes for people by giving them a comfortable place to live.

Residents were able to move freely around the home with no restrictions. The communal lounges and dining areas provide a relaxed, homely and comfortable environment for people to use. Residents also benefit from a large cinema room, hairdressing salon and shop where they can purchase small items. The service also provides an apartment for any relatives/friends who require an overnight stay. This allows people to make choices and decisions about where they spend their time.

On the first floor there was a spacious balcony area where residents can sit or attend to plants and flowers in the better weather. The ground floor provides access to a secure, enclosed garden area with plants and a water feature. This provided people with an enjoyable space to spend time outside.

The management team also checked the environment regularly to ensure safe infection prevention and control (IPC) practice was being followed. Visitors and residents, we spoke to told us the home was always very clean and fresh. This confirmed that people were able to live in a clean and safe environment.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Personal plans provided good quality and person-centred information. They gave a sense of the who a person was, what mattered to them and what goals and wishes they had. Life histories helped staff to build relationships and have good conversations about what is important to people.

Reviews took place which involved the resident, their relatives and social work. From the evidence provided it was not clear how outcomes for people and their satisfaction with their current care was evaluated. This collaborative approach ensures personal plans remain up to date and relevant.

Risk assessments were in place and up to date. We saw risk assessments completed for those at risk of harm due to falls, stress and distress or poor dietary intake. The assessments recorded how to keep people safe, and the actions needed to reduce risk. There was evidence of links and regular contact with GP's and external health professionals for advice and support. This ensures people receive timely and responsive care.

Personal plans were recorded on a paper system and could be accessed by staff and shared with family and residents. The service was in the early stages of transferring to an electronic care planning system. We directed the management to the Care Inspectorate "Personal Plan Guide" to support with this transition. This will ensure that people's plans are right for them.

<https://hub.careinspectorate.com/resources/personal-planning-guides-for-providers/>

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

Requirements

Requirement 1

The provider should determine the correct dependency levels for each resident, to ensure that the needs of residents can be safely met.

The dependency tool used by the service should take into account:

- Any free movement of residents around the service
- The extended waking hours of residents
- The environmental layout of the service.

- Residents who require assistance to access community resources, as highlighted in any support plan and/or participation strategy.
- Frequency of accident/incidents

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

It also complies with SSI 2011/210 Regulation 4(1)(a) - which requires the provider to make proper provision for the health, welfare and safety of service users.

This requirement was made on 25 February 2019.

Action taken on previous requirement

Staffing dependency tools were being reviewed and updated daily and were informed by individual dependency assessments for people using the service. This was reflected in the numbers of staff who were available throughout the day and night. Daily observations of staffing levels were also being undertaken. These observations included support for personal care, mealtimes and engagement with people using the service.

An allocation process was in place to ensure that staff were aware of their responsibilities for the day. Staff we spoke with spoke positively of this and commented that this meant support delivery was coordinated.

Monthly audits of falls were taking place, and these were analysed, and risk assessment were updated accordingly. Each unit has a falls champion who are responsible for the completion of falls related paperwork. We saw evidence of analysis of incidents falls with actions taken to reduce the risks. This proactive approach ensures people are kept safe from harm.

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

All charts used to monitor individuals' healthcare needs and interventions must be completed as required. These charts should be regularly reviewed to ensure that care has been delivered. Any gaps identified should provide evidence of actions taken and outcome achieved to ensure the wellbeing of the individual.

This ensures care and support is consistent with the Health and Social Care Standards, which state, 'My care and support meet my needs' (HSCS 1.19)

This area for improvement was made on 25 February 2019.

Action taken since then

Risk assessments and monitoring charts were in place which were completed appropriately and kept up to date. There were daily meetings in place where staff shared important changes to people's presentation. We also saw evidence of regular weekly meetings between management and senior care staff which ensured good oversight and monitoring of people's health needs.

The home had good links with the GP who attended the home and we saw evidence of people being referred promptly to external health professionals when their needs changed. This proactive approach ensures people are receiving the right care at the right time.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that support plans include accurate, up to date information about care and support, which has been fully evaluated. The service should make better use of risk assessment tools to demonstrate the current level of risk and how staff are expected to manage this risk effectively and to the benefit of the resident.

This ensures 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).

This area for improvement was made on 25 February 2019.

Action taken since then

Care plans were updated every three months, or when a change occurred in their presentation. People and their families were involved in this process. This ensures people feel included and that care is planned in a person-centred manner.

We saw evidence of formal six-monthly reviews taking place which involved multidisciplinary professionals. Families told us they were kept up to date with any changes to their loved ones needs.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very 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	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.