

# Inspection report

## Argyll House Nursing Home Care Home Service

69 North Hamilton Street  
Kilmarnock KA1 2QJ

**Inspected by:** Kirsty Porter  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 10 January 2009

**Service Number**

CS2007164138

**Service name**

Argyll House Nursing Home

**Service address**69 North Hamilton Street  
Kilmarnock KA1 2QJ**Provider Number**

SP2005007720

**Provider Name**

Mansfield Care Limited

**Inspected By**Kirsty Porter  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

10 January 2009

**Period since last inspection**

8 Months

**Local Office Address**Suite 3,  
Soverign House,  
Academy Road,  
Irvine KA12 8RL

## **Introduction**

Argyll House Nursing Home was registered with the Care Commission in April 2002. There was a change of provider in May 2008. This is the first inspection of the service since the change of provider

Argyll House is located within a residential area close to the amenities of the town of Kilmarnock. The service has a capacity of 21 in mainly twin bedroom accommodation over 3 floors, upper floors may be accessed by a passenger lift.

The company's statement of purpose is to place the rights of service users at the forefront of our philosophy of care. "We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full".

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Care and Support - 3 - Adequate

Quality of Environment - 3 - Adequate

Quality of Staffing - 4 - Good

Quality of Management and Leadership - 3 - Adequate

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

Before the Inspection

The Annual Return

This report was written following an announced inspection visit on 8 December 2008 from 10am to 7.30pm

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission.

Views of service users

Four service users were spoken with during this inspection, and their views on the quality of the service were invited. Ten service user/relative questionnaires were sent out as part of the inspection process, two of which were completed and returned by relatives/carers.

Regulation Support Assessment

This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

This service may receive a number of inspections over the year 08/09. This inspection was

based upon requirements and recommendations made at the last inspection on 10 March 2007/08

During the inspection process

Staff at inspection

The inspection was undertaken by Care Commission Officers Kirsty Porter and Mina Cassidy and involved discussions with service users, relatives, managers and staff including 3 direct care staff and the cook.

Evidence

During inspection, evidence was gathered from a number of sources including:

Sampled care files

Reviews

Equipment maintenance records

Complaints procedure

Service brochure

Minutes of residents, relatives and staff meetings

Training records

Nutritional Guidance, risk assessments, care plans

Adult and Child Protection Policy and procedures

Registration certificate

Insurance Certificates

Accident, Incident records

Questionnaires for service users, relatives and staff

Comments and suggestions

Thank you letters and cards

Code of conduct

Discussion re plans for future extension and reduction of twin rooms

Observation of practice

Examination of the environment

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Action taken on requirements since last Inspection**

There were no requirements made at the last inspection.

### **Comments on Self Assessment**

A completed electronic self assessment document was submitted by the service. This was completed to a satisfactory standard. The self assessment offered a quality grading and supporting evidence in respect of each of the Quality Themes. The service had grading each quality theme as a 5 -Very Good. This was not considered to be reflective of the services performance at the time of the inspection.

### **View of Service Users**

The officers spoke with 4 service users on the day of the inspection. All expressed satisfaction in the standard of care afforded to them.

Comments made in respect of meals and snacks offered were complimentary, “meals are lovely”, “good food” and “no complaints”

One service user commented that they could no longer go out in the bus.

None of the service users offered any suggestions on how the service may be further improved.

### **View of Carers**

4 relatives were spoken to on the day of the inspection comments made included.

“Care is second to none”

“Very well cared for - spotless”

“On the whole good to them”

“No smell always clean”

“Clean and tidy”

“Staffing in the afternoons is low”

“High staff turnover”

“No complaints”

“Food excellent”

“Staff excellent”

“Staff helpful”

One relative commented that they could be better informed regarding management and staffing changes

## **Quality Theme 1: Quality of Care and Support**

### **Overall CCO Theme Grading: 3 - Adequate**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

#### **Service Strengths**

The service had a participation strategy. Since registration the provider has held resident and relative meetings. The minutes were available showing evidence that service users and families were being consulted on the quality of care and support afforded to them. The minutes showed the main items for discussion were staffing levels, activities/outings, food and the proposed extension to the premises.

The care files examined showed formal care reviews had taken place within the last 6 months. The minutes of reviews indicated that service users and their relatives were asked to comment on the quality of service they received. Discussion with a relative and examination of personal plans confirmed that service users and relatives had some input into the care planning process.

The cook discussed menu changes made in response to comments from service users.

Notices were in display within the care home giving details on how East Ayrshire Advocacy Service could be accessed. One service user was being supported by this service.

There was a suggestion box in place and a notice board with current information displayed together with information on how to make a complaint.

The management team discussed the open door policy in operation within the care home.

The Director of Care Standards discussed the possibility of introducing a "managers' surgery" allowing service users and their relatives a further opportunity to meet with the management. The Provider and Director of Care Standards also visit the service on a weekly basis. Recent audits completed confirmed that senior company personnel engage with service users to obtain their views on the quality of the service.

#### **Areas for Development**

The provider and management acknowledged that the service users' participation strategy was in the early stages of development. The management provided samples of consultation paperwork in within the company. The care service should explore, develop and implement further methods to obtain the views of residents, relatives and staff. See recommendation 1.

In accordance with the providers self evaluation the management should introduce a regular schedule of service user and carer meetings. Consideration should be given to the involvement of an independent facilitator to chair these meetings. See recommendation 2. Consideration should also be given to providing training to the staff in the area of service user engagement.

#### **CCO Grading**

4 - Good

#### **Number of Requirements**

0

## **Number of Recommendations**

2

**Statement 3: We ensure that service user's health and wellbeing needs are met.**

### **Service Strengths**

The service had an introductory pack which introduced the service and the philosophy of care.

Currently two care planning systems are in use as revised personal planning documentation is being implemented. The Director of Care Standards discussed the documentation and intends to provide training and additional resources in order that the new documentation be implemented effectively.

The updated personal planning material contains comprehensive risk assessments including nutrition, continence pressure area care, moving and handling and dependency assessments. The care plan contains standard good practice statements in terms of the management of care needs and facilitates the recording of the care needs and preferences specific to each individual.

The personal plans are prepared by registered nurses. Those sampled confirmed details of each service users GP and contact with other health care professionals included optician, respiratory nurse specialist, chiropodist and attendance at hospital outpatient appointments. Access to healthcare specialist is arranged via GP referral. Relatives indicated that they were happy with the healthcare arrangements in place within the service.

A range of equipment required to meet the needs of service users was available including, pressure relieving aids, bed rails, seating options, moving and handling equipment, assisted bathing facilities and scales.

Staff were observed to be respectful toward the service users and demonstrated awareness of individual care needs. This was confirmed in both of the completed Care Commission questionnaires.

A relative confirmed being made to feel welcome and was kept well informed of service users welfare.

Discussion with relatives and the content of service user/relative meetings confirmed that service users have weekly access to the hairdressing service.

Staff confirmed that an activity organiser is available 5 days per week for in house activities, 5 of the service users enjoyed an outing to Ayr 3 months ago and local school children recently visited. Service users discussed sitting out in the garden, being taken out for a walk and one commented that they don't get out.

### **Areas for Development**

The Director of Care Standards agreed that the new care planning documentation would be

implemented in full at the earliest opportunity. See recommendation 4.

It was identified in the self assessment form the need for further staff training in Nutrition and to review and improve the formal induction training for new staff.

In accordance with legislation governing working times the proprietor has introduced an alternative shift pattern. It was noted that the changes have resulted in the service operating out with the statutory staffing levels, agreed with the Care Commission, with 2 instead of 3 staff on duty between 9-10pm, however, it is acknowledged that the home has been operating significantly below full occupancy levels in recent months.

Concerns regarding staffing levels were discussed a recent service user/carer meeting. The proprietor explained that there had been no reduction in staffing hours.

The two questionnaires returned by relatives revealed that one relative did not know if staffing levels were adequate and the other disagreed that there were enough staff on duty.

On the day of the inspection the officers shared the concerns expressed in respect of evening staffing levels and non caring duties undertaken by staff. Despite the home operating below full occupancy levels observations, particularly at evening meal time, led the officers to conclude that the staff on duty appeared under pressure and harassed and unable to meet in full the needs of the service users. This view was echoed by a relative who described "staffing in the afternoons as low". A service user commented that "they were short staffed a month or so ago".

This matter was discussed at length with the proprietor, Director of Care Standards and administrator/acting manager. It was agreed that an urgent review of service user dependency levels and work practices/routines would be undertaken to ensure that appropriate staffing levels were in place. See requirement 1.

### **CCO Grading**

3 - Adequate

### **Number of Requirements**

1

### **Number of Recommendations**

1

**Statement 5: We respond to service users' care and support needs using person centered values.**

### **Service Strengths**

The Director of Care Standards advised of the intention to provide training in person centred care planning. It is expected that this training will facilitate the preparation of holistic and person centred care plans.



Some of the personal plans sampled contained a "Life Story" giving details of the individuals' family, past employment, interests and hobbies

A shift handover meeting took place to communicate service users general wellbeing and needs at that particular time and to ensure continuity of care. To further facilitate staff continuity the service has a stable staff team and use bank staff known to the care home, however, it was noted that an agency nurse was engaged due to unforeseen circumstances on the night of the inspection visit.

### **Areas for Development**

A questionnaire returned to the Care Commission highlighted that one relative was unaware of their family members key worker. This information should be made available.

### **CCO Grading**

3 - Adequate

### **Number of Requirements**

0

### **Number of Recommendations**

0

## **Quality Theme 2: Quality of Environment**

### **Overall CCO Theme Grading: 3 - Adequate**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.**

#### **Service Strengths**

Minutes of meetings between the proprietor, relatives and service users were made available evidencing discussion about the environment and proposed extension to the home. Some of the service users and relatives spoken with on the day of the inspection confirmed attendance.

Recent management audits introduced confirmed that the proprietor and Director of Care Standards have spoken with service users to obtain their views on the quality of the environment.

The Director of Care Standards provided the officers with a "Stakeholder Survey document" and advised that it is intended that this be distributed to relevant stakeholders. This questionnaire invites participants to grade the standard of decor, furnishings, cleanliness and atmosphere of the care provision. (See recommendation 1).

It was discussed with the management team that the proposed extension to the service would offer an excellent opportunity to involve service users in improving the quality of their living environment.

#### **Areas for Development**

The difficulties of ascertaining views of service users who have cognitive impairment were acknowledged, however, the manager should explore methods which could facilitate this process.

#### **CCO Grading**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

**Statement 2: We make sure that the environment is safe and service users are protected**

#### **Service Strengths**

Appropriate insurance and registration certificates were displayed.

A comprehensive range of policy documents was available to inform and support staff practice. The Director of Care Standards has identified limitations in the documentation currently in use and advised that the policies are currently being reviewed.

Policies in respect of the protection of vulnerable adults, restraint and whistle blowing were examined. All staff spoken with confirmed knowledge of "whistle blowing" and of how to report concerns/complaints within and out with the organisation.

Training records reveal that the cook has undertaken training in Food Hygiene. Other relevant training offered in respect of this quality statement includes First Aid (2 staff), Fire Safety (21 staff) and Moving and Handling (6 staff). The Director of Care Standards advised of scheduled training on the Protection of Vulnerable Adults and ongoing Moving and Handling training.

Records in respect of restraint applied (in the form of bed side rails) and of accidents and incidents are maintained. A review of accident and incident records is included within the management audit process.

The home environment benefits from maintenance staff who is responsible for undertaking and recording various safety checks. Certificates were provided to evidence external maintenance checks of equipment/machinery in use.

The cook provided an inspection report from environmental health indicating that the kitchen arrangements were compliant with their requirements.

The service has regard for security, staff have control of entry to the premises and all visitors are asked to sign in, in accordance with fire safety requirements. There was a keypad exit on the front door which prevented vulnerable service users leaving the building unescorted.

### **Areas for Development**

The officers expressed concern that the fire escape doors on the upper floors were not secured and may pose a potential risk to vulnerable service users. The provider agreed to undertake a risk assessment in respect of this matter and discussed the installation of a suitable locking mechanism. The provider agreed to take advice from the fire safety officer. See recommendation 5.

It was noted that a number of bed areas had no pull cords to activate the call system. The management agreed to undertake a risk assessment in respect of this to ensure that where appropriate all service users have access to this equipment. See recommendation 6.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

2

**Statement 3: The environment allows service users to have as positive a quality of life as possible.**

## **Service Strengths**

On the day of the inspection, the Home was noted to be clean, fresh and odour free throughout the public areas, bathrooms and bedrooms seen. The home was considered to be generally in good decorative order. All service users, relatives and staff expressed satisfaction in the standard of the environment. This view is reflected in the questionnaires returned to the Care Commission.

Service users had been supported to personalise their bedroom space and a number of bedrooms had been recently redecorated. The proprietor discussed his intentions to continue to redecorate and improve the environment.

It was noted that the staff room had also been refurbished.

The service has one single bedroom the remainder being twin rooms. A completed questionnaire indicated that there was no choice of a single room made available to their relative. There is evidence within personal plans that service users have been consulted and have agreed to share a bedroom. This was also confirmed by a relative spoken with during the inspection. It is the providers' intention to extend the service in order to increase the proportion of single bedroom accommodation available.

## **Areas for Development**

The officers noted an excess of equipment in some bedrooms. The provider discussed that since registration steady progress had been made in discarding a large volume of unused furnishings and equipment and advised that they would continue to do so. In particular the officers were disappointed to observe that the services only en suite toilet was being used for storage. The officers accept the explanation offered that this was a temporary arrangement however, recommend that this toilet be reinstated in order to maximise the potential for service users to have as positive a quality of life as possible. See recommendation 7.

The officers noted that a number of bedrooms lacked comfortable seating to facilitate service users the opportunity to spend time in their room. It was discussed with the provider that service users and relatives should be consulted on this matter and provided with appropriate seating. See recommendation 8.

It is the opinion of the officers that a number of bedrooms in the upper floors were inadequately heated on the day of the inspection. This was raised with the management who agreed to have the matter investigated as a matter of priority. See recommendation 9. (possibly requirement here)

## **CCO Grading**

3 - Adequate

## **Number of Requirements**

0

## **Number of Recommendations**

3

### **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 4 - Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

#### **Service Strengths**

A minute of a meeting attended by 7 service users and 7 relatives and the proprietor evidenced that that service users and cares had been afforded the opportunity to discuss staffing in some detail with the proprietor.

The provider and management acknowledged that the service users' participation strategy was yet to be fully implemented. The management provided samples of consultation paperwork available to facilitate the consultation process.

#### **Areas for Development**

The management should consider ways in which service users and their relatives or representatives could be further involved in assessing and improving the quality of staffing in the service in accordance with recommendation 1.

The service should consider independent facilitation of service user/carer meetings, ways in which service users/carers may participate in elements of the recruitment process and influence the staff training plan.

#### **CCO Grading**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

**Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.**

#### **Service Strengths**

Of the 19 nurses and care staff, 13 are qualified to a minimum of SVQ Level 2. A further 2 staff are scheduled to commence SVQ -Level 2 in the near future. The management team demonstrated a commitment towards achieving 100% of their direct care staff team qualified to this level.

Training records examined revealed that since registration the staff team had been afforded an adequate level of training. In addition to that previously discussed in Quality Statement 2.2 the following training opportunities were made available. Activities training (1 staff),

Dementia Awareness (2 staff), Introduction to Palliative Care and Visioncall training (8 staff). The Director of Care Standards had advised that training dates were scheduled in December for training in Personal Care for the Elderly, Protection of Vulnerable Adults, Mouth Care and Bereavement and Loss.

A staff supervision programme is currently being implemented. A programme of scheduled dates for the supervision for all staff was provided.

### **Areas for Development**

It is expected that when fully implemented the staff supervision programme will inform the staff training plan to ensure that staff training addresses both mandatory training requirements and the care needs of the service users.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.**

### **Service Strengths**

Observation of interactions between staff and service users were mostly respectful, warm and caring. Service users were observed to be offered choice and staff demonstrated knowledge of the service users in their care.

Feedback from service users and relatives confirmed this to be the case. Two service users commented that the "staff are all very nice". A relative told the officer that the staff were "helpful".

### **Areas for Development**

During the course of the inspection a staff member was heard to explain a service user's health related circumstances to other service users. It is considered that this is inappropriate and lacks respect. This was accepted by the management team during the feedback discussion who displayed a commitment to responding to the matter.

### **CCO Grading**

4 - Good

### **Number of Requirements**

0

**Number of Recommendations**

0

## **Quality Theme 4: Quality of Management and Leadership**

### **Overall CCO Theme Grading: 3 - Adequate**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

#### **Service Strengths**

As cited previously, the systems to enable and support service users and their relatives to assess and improve the quality of management and leadership are yet to be fully implemented.

To date meetings have taken place to allow opportunities for service users and carers to be kept informed about and comment on changes to the service.

#### **Areas for Development**

The management should consider ways in which service users and their relatives or representatives could be further involved in assessing and improving the quality of management and leadership in the service in accordance with recommendation 1.

#### **CCO Grading**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

**Statement 2: We involve our workforce in determining the direction and future objectives of the service.**

#### **Service Strengths**

Presently staff are involved at a basic level in determining the direction and future objectives of the service.

Since registration the proprietor has held staff meetings and intends to schedule these on a regular basis. The proprietor visits the service on a weekly basis and conducts periodic quality audits which involve discussion with staff.

A schedule of staff supervision session has been prepared.

All staff spoken with confirmed knowledge of the management structure within the organisation.

#### **Areas for Development**



The management team are to consider ways in which the staff group can be further involved and meaningfully contribute to determining the future direction of the service. It is considered that the pending expansion of the service is a good opportunity to facilitate this involvement.

### **CCO Grading**

3 - Adequate

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 3: To encourage good quality care, we promote leadership values throughout the workforce.**

### **Service Strengths**

The organisation has a support structure in place for home managers. The Provider has an active role in the operation of the service visiting on a weekly basis, the Director of Care Standards also intends to visit the service together with other company personnel on a regular basis in response to current management issues.

### **Areas for Development**

Recent circumstances have resulted in a temporary change to the management arrangements. Management duties have been allocated to the administrator with care arrangements being the responsibility of the temporary deputy manager.

It is the providers' intention to appoint a permanent manager as a matter of priority. The provider demonstrated an awareness of his responsibilities in relation to this appointment in terms of experience, skills and qualifications.

### **CCO Grading**

3 - Adequate

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

### **Service Strengths**

Consultation methods employed by the service with service users and carers have been discussed in previous quality statements within this report.

Management audits recently introduced take account of service users' views in addition to environmental matters, accidents, incidents and critical incidents and health and safety matters.

### **Areas for Development**

A review of accident documentation revealed a serious injury sustained by a service user; appropriate notification documentation was not completed and forwarded to the Care Commission in respect of this matter. See requirement 2.

### **CCO Grading**

4 - Good

### **Number of Requirements**

1

### **Number of Recommendations**

0

**Regulations / Principles**

**National Care Standards**

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

There were two recommendations made at the last inspection.

1. The service was advised to put arrangements for staff supervision in place. National Care Standard Care Homes for Older People Standard 5: The service has made progress in this area.
2. The service should ensure that staff are familiar with the content of the adult protection and restraint policies and have access to relevant guidance in relation to issues of restraint and adult protection. National Care Standard Care Homes for Older People Standard 5: This has been met.

## **Requirements**

1. The provider must ensure that staffing numbers are appropriate for the health and welfare of service users. This is in accordance with SSI 2002/114 Regulation 13(a).
2. In accordance with SSI2002/114 Regulation21.(2)(b). The provider is to give notice to the Care Commission without delay of the occurrence of any serious injury to a service use.

## **Recommendations**

1. The care service should explore, develop and implement appropriate methods to obtain the views of residents, relatives and staff (NCS- Care Homes for Older People, Standard 11)
2. A regular schedule of service user meetings should be introduced.. (NCS- Care Homes for Older People, Standard 11)
3. The new care planning documentation should be implemented in full at the earliest opportunity in accordance with NCS- Care Homes for Older People, Standard 6.
4. A risk assessment and appropriate remedial action is to be undertaken in respect of unsecured fire exits on the upper levels. (NCS- Care Homes for Older People, Standard 9)
5. A risk assessment is to be undertaken for each service user to ensure where appropriate all service users have access to pull cords to activate the call system. (NCS- Care Homes for Older People, Standard 9)
6. The en suite toilet on the upper floor should to be reinstated. (NCS- Care Homes for Older People, Standard 4)
7. The provider is to formally consult with service users regarding the provision of bedroom seating. (NCS- Care Homes for Older People, Standard 4)
8. The provider is to have an assessment of the heating system undertaken and appropriate remedial action carried out to ensure that the temperature of the home is adequately maintained throughout. (NCS- Care Homes for Older People, Standard 4)

**Kirsty Porter**

