

Care service inspection report

Full inspection

Castle Street Care Home, Living Ambitions Limited Care Home Service

16 Castle Street
Rutherglen
Glasgow

Service provided by: Living Ambitions Ltd

Service provider number: SP2003000276

Care service number: CS2003001388

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of environment		N/A
Quality of staffing		N/A
Quality of management and leadership	4	Good

What the service does well

The service provides care and support to individuals with a care home setting. The service enables people to be part of their community, get involved in activities and achieve their outcomes.

The service works well with other professionals in order to ensure the health and wellbeing of residents.

What the service could do better

The service should ensure that care plans for people with a diagnosis of dementia adequately reflect this diagnosis and how this affects people.

What the service has done since the last inspection

The service had undergone some refurbishment of communal areas and some service users' bedrooms. This had made the home environment much more inviting.

Conclusion

The service continued to provide care and support to a good standard with elements of very good practice. The service should work to develop staff skills and practice in relation to dementia.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

This care service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Care UK had been the provider of the service at Castle Street. Living Ambitions, a national organisation, took over providing the service in 2015.

Castle Street service is part of a modern housing development near Rutherglen town centre. It is registered to accommodate nine people with learning disabilities; some may also have a physical or sensory impairment. There were seven people living in the home during the inspection.

Castle Street aims to "provide creative support, housing and lifestyle options enabling people to be in control of their lives and lead the life they want."

From 1 April 2016, the way in which we carry out an inspection has changed. We choose which quality themes and statements are inspected for better performing services, to be more proportionate and targeted in our work. In highly performing services, inspections will consider Quality Theme 1: Quality of Care and Support, Statement 3 - "We ensure that service users' health and wellbeing needs are met" during all inspections. We will also look at one other quality theme.

This service is eligible for this type of inspection and based on our knowledge and intelligence of the service we looked at Quality Theme 1, Statement 4 - "We use a range of communication methods to ensure we meet the needs of service users." We chose this based on our knowledge that the service works with people who have a range of communication needs and abilities.

We also considered Quality Theme 4, Statement 3 - "To encourage good quality care we promote leadership values throughout our workforce" and 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." We chose these themes by taking into account the varying roles within the service and the importance of effective quality assurance to promote positive outcomes for service users.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 4 - Good

Quality of environment - N/A

Quality of staffing - N/A

Quality of management and leadership - Grade 4 - Good

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was produced following a short notice announced inspection which took place on 31 May and 1 June 2016. Feedback was given to the acting manager on 1 June 2016.

As part of the inspection, we took account of the completed annual return form that we asked the provider to complete and submit to us.

We received four completed care standards questionnaires from service users and relatives before the inspection.

During the inspection, we looked at a range of information including:

- Three service user records
- Staff files and training records
- File audits and actions
- Quality Assurance Tool audits and action plans
- Team meeting minutes
- Manager meeting minutes
- Accident and incident records.

We spoke with five service users who were at home when we visited. We also spoke with three members of staff, one acting senior and the acting manager.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We did not receive a self assessment from this service. This had been an ongoing issue from this service that had been rectified last year by the quality manager.

The registered manager had been notified by us of the need to submit the self assessment on 1 March 2016 but had not done this.

We discussed this with the acting manager who had taken over the day to day management of the service since the previous registered manager left. We gave guidance to the acting manager about the importance of the self assessment and communication with the Care Inspectorate.

Taking the views of people using the care service into account

People we spoke to were very happy with the level of care and support they received. Some of the people we spoke to were not able to give us verbal feedback. We observed how staff interacted with them and could see there was a very good rapport and a trusting relationship. Some of the comments people made are included under quality theme 1, statement 3.

Taking carers' views into account

Carers' views were expressed in the care standards questionnaires we received. Comments included:

"There are no complaints whatsoever; all staff from manager down could not do any more."

"My sister has the best possible care in the world. The staff go beyond the call of duty for all residents and treat them wonderfully."

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service Strengths

Overall, the service was working at a very good level under this statement. We assess services to be very good when we see performance that is characterised by major strengths. Some examples of strengths we found were:

- Health action plans were in place for each resident. These detailed people's health care needs and we found these were well detailed, clear and easy to follow.
- The service had very good links with health professionals such as GPs, learning disability nurses and speech and language therapists. We saw that these professionals were used to give advice and guidance to the staff team about how best to meet people's health needs. This meant that staff were well informed and the care provided to people was of a very good standard.
- Reviews took place about people's support and care needs on a regular basis. We saw that people were able to express their wishes and make plans for the future. For example, one person had said at their review that they wanted to do more baking. We saw that this had been identified as an activity within the service, had happened and was planned to happen regularly so that other residents also had the option to get involved if they wished.

- We saw that there were risk assessments in place to help people be supported to do activities they wanted in a way that kept them as safe as possible. The risk assessments took into account people's mobility needs and accessibility of different venues for instance.
- We looked at medication records. We saw that people had been supported to have annual medication reviews, most recently in April 2016. This helped ensure that people were receiving the right and most effective medication.
- People were supported to have health screenings carried out if they wished or if they had a guardian who was able to make a decision about this. We saw that records were kept informing people of the result of any health screening and any follow up appointments that were needed were attended.
- The service had received training from the speech and language therapist about how best to support a resident whose needs had been changing due to their dementia. We could see that this information had been used to inform the care plan. This helped the person receive the right kind of support around eating and drinking and remain as physically well as possible.

People who used the service told us their views. Their comments included:

"I love it here, it's great!"

"I like the staff, I like getting out and doing things I enjoy. My girlfriend comes to visit me here."

Overall, this meant that the service was performing to a very good standard in ensuring people's health and wellbeing needs were met.

Areas for improvement

We noted that some information within care plans was out of date and confusing. The service had been undergoing development of its care planning paperwork and some documents had been kept in files that should have been archived.

We thought there could have been more detail to reflect people's dementia diagnosis and what this meant for them within some of the care plans we looked at. This could also have been better reflected within risk assessments.

We saw some hospital information that people could take with them to hospital should they require to be admitted. Some of this was also out of date. One resident had recently experienced a significant change to their mobility and this had not been reflected in their hospital information. The service should make sure any documents that could be used to help staff within and outwith the service meet residents' needs should be kept up to date at all times.

Medication records for as required medication could be clearer. The service should employ positive recording for as required medication, meaning they record when this medication is given not when it is not. The service should refer to the Care Inspectorate's "Guidance about medication personal plans, review, monitoring and record keeping in residential care services" to support best practice. <http://hub.careinspectorate.com/media/52042/medication-recording-july-2012-web.pdf>

We directed the acting manager to the Joseph Rowntree resource called "Supporting Derek". We had provided a copy of this to the previous manager in 2014, however it had not been used within the service to inform staff awareness and practice. We also advised the acting manager to look at the Promoting Excellence in Dementia Care resource that is available online through the Care Inspectorate's resource site The Hub.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use a range of communication methods to ensure we meet the needs of service users.”

Service Strengths

The service was working to a good standard under this statement. We assess services to be good when we see performance that is characterised by important strengths which have a significant positive impact. Some examples of how the service was meeting people's needs using a range of communication methods were:

- Information was displayed in the reception area to let residents know which staff members were on shift. This had been done in response to residents' changing needs in relation to their dementia. This was helping people to be orientated and remain as independent as possible.
- There were communication guides contained within care plans that helped staff know how to communicate with residents and how residents would communicate with them. We thought these guides had been well written and accurately reflected how people communicated.
- The service displayed information around the communal areas about activities that were taking place in the service. This information was in a mix of formats, including pictorial and written, and this helped people know what was planned in the service each day, in addition to any one-to-one activities people had.
- Living together meetings were held regularly within the service. These were a way for residents to get together and speak about how they would like things to change and improve in the service. We could see from the minutes of these meetings that people were encouraged to make their views known. Where people were not able to verbally communicate, staff made sure that they represented their views and opinions based on their knowledge of the person, or by interpreting other communication they displayed. This demonstrated how well staff knew residents, and also that people's views were valued.

- The care plan paperwork included a section called "how my life can get better". We found examples where this had been completed by staff on behalf of the resident, taking into account how the resident had responded to ideas and choices put forward to them. Staff used visual cues, noises and demeanour to help identify residents' views.

- We observed how staff interacted with residents. We noted that interactions were positive and respectful. Staff used a calming tone of voice when they spoke to residents, and were aware of approaching residents carefully so that they did not startle them for instance.

Overall, the service achieved a good standard in meeting people's needs by using a range of communication methods.

Areas for improvement

The service should develop and implement pain and distress indicators for people who are unable to communicate verbally. This could help people receive more responsive care and support at times when they are in pain or distress, and mean that staff can recognise these signs.

The information board that the service had developed could be improved on to make it more pictorial. By making information as accessible as possible to all resident this would enhance communication within the service.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Quality theme not assessed

Quality Theme 3: Quality of Staffing

Quality theme not assessed

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service Strengths

We found the service to be operating at a good level under this statement. We assess services to be good when we see performance that is characterised by important strengths which have a significant positive impact. Some of the services strengths were:

- Staff had the opportunity to act up recently following the manager leaving. This had meant that one of the senior staff was acting as manager and one of the support workers was acting as senior. The acting manager described being well supported into the role and having good ongoing support and advice. The acting senior also felt that they had been well supported.
- Staff skills were recognised and valued within the service. This included staff with particular skills in arts and crafts and baking being able to offer activities with residents which they really enjoyed.
- There were still designated roles for staff in areas of the service that helped staff take on more autonomy and use their initiative. This helped staff develop leadership skills.
- Staff felt that training opportunities they had were good. They had been supported to achieve SVQs and attend a range of training courses that aided their practice including Adult Support and Protection and epilepsy awareness. This led to staff feeling well equipped to meet the needs of residents.

- There had been regular team meetings. These had been a useful opportunity for staff to understand about changes that were taking place both within the organisation and in the service, and raise ideas and issues they had. We thought that more recent team meeting minutes were more detailed and reflected more discussion amongst the team.

Overall, the service was working at a good level in encouraging good quality care by promoting leadership values throughout its workforce.

Areas for improvement

The acting manager was working to get staff supervisions back on track. We looked at some supervision records and thought that supervisions could be developed to offer more of an opportunity for staff to reflect on their practice and explore learning and development needs.

The acting manager and acting senior should be given appropriate training relevant to their job roles to equip them with the necessary information and skills to perform in these roles in order to support continuous improvement within the service.

Staff should have the opportunity to take the lead in team meetings by chairing, minuting and setting agendas for team meetings. This will help develop staff leadership skills and confidence further. This would also provide a useful learning experience that staff can include in their Post Registration record of Training and Learning (PRTL). This is a record of learning and training that is a requirement for registered social service workers to keep and submit to the Scottish Social Services Council (SSSC) if requested.

Grade

4 - Good

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

We found the service to be operating at a good level under this statement. We assess services to be good when we see performance that is characterised by important strengths which have a significant positive impact. Some examples of the service's strengths included:

- There was a senior audit undertaken regularly within the service. This highlighted any issues in relation to the home environment, infection control and medication. This helped to ensure that areas that needed to be addressed were responded to quickly and staff were able to learn from this.
- The manager completed a monthly audit. We noted that issues that the most recent audit had picked up had been raised with staff via a team meeting. This helped us to see that the audit tool was being used effectively to improve standards across the service.
- There were six-monthly observations of staff practice carried out by senior staff. Feedback was given to staff following these and staff signed records to confirm this. We noted that observations highlighted some very good practice as well as practice that needed to be improved on.
- There were medication error forms in use should a medication error be made. We saw that these were used to inform any further action needed, such as further training or disciplinary or referral to the Scottish Social Services Council. This helped ensure staff were practising carefully and professionally.

- The service kept a complaints record in order to keep track of any complaints it received and how these had been dealt with. We made a suggestion about how this could be extended to include a record of compliments/positive feedback about the service, as many family members and visitors to the service made these kinds of comments.

Overall, the service had a good range of effective quality assurance systems and processes.

Areas for improvement

We found that the service had failed to notify us of some incidents earlier in the year. These had included hospital admissions of residents and an accident that had resulted in an injury. We discussed our notifications procedure with the acting manager who had come into post after these notifications should have been made. We have made a requirement about this and referred the acting manager to our guidance "records all care services must keep" which is available through the e-forms system. (See requirement 1)

We discussed with the acting manager the procedure for completing and submitting the service's self assessment.

The provider had begun a quality audit in the service however this had not been completed due to unforeseen circumstances. Once this has been completed, the service should use these findings together with this inspection report to develop a service plan, incorporating feedback from residents, relatives, staff and other stakeholders.

Grade

4 - Good

Requirements

Number of requirements - 1

1. The provider should ensure that all incidents requiring to be notified to the Care Inspectorate are notified.

This ensures that serious incidents can be followed up and the Care Inspectorate can be assured of the quality of management in regards to incidents and appropriate actions are taken to ensure the wellbeing and safety of service users and staff.

The provider must notify the Care Inspectorate of any significant accidents or incidents.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, Regulation 21(2)(b) Notification of death, illness and other events.

Timescale: Immediately upon receipt of this report.

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. The provider must ensure that staff are appropriately registered with the Scottish Social Services Council in accordance with The Regulation of Care (Fitness of Employees in Relation to Care Services) (Scotland) (No. 2) Regulations 2009, SSI 2009/118 Regulation 3 (1)

"A provider shall not employ a person in the provision or inspection of a care service in the position of a social service worker unless that person is fit to be so employed."

Timescale: eight weeks from receipt of this report.

This requirement was made on 30 June 2015

The service had a requirement at the last inspection to ensure that all staff were appropriately registered with the Scottish Social Services Council (SSSC). We found that this requirement had been met and all staff that were required to register had done so, and newer members of staff had started this process very soon after commencing employment. One member of staff had made their application to register and was liaising with the provider and the SSSC about ongoing delays with this.

Met - Within Timescales

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

There are no outstanding recommendations.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
30 Jun 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
7 Jan 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
15 Jul 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
25 Sep 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
28 Sep 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
12 Dec 2011	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
26 Jan 2011	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good

		Management and Leadership	Not Assessed
31 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
3 Nov 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
16 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
23 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
26 May 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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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.