

Cumbernauld Care Home Care Home Service

Abbotsford Road
Greenfaulds
Cumbernauld
Glasgow
G67 4BW

Telephone: 01236 739979

Type of inspection: Unannounced
Inspection completed on: 19 July 2017

Service provided by:
Tamaris (RAM) Limited, a member of
the Four Seasons Health Care Group

Service provider number:
SP2007009152

Care service number:
CS2003010563

About the service

Cumbernauld Care home is purpose-built on two levels and is registered to accommodate fifty-two older people with dementia and associated mental health needs. There are adequate parking facilities and the home is accessible by public transport. The care home has a contractual arrangement with Lanarkshire NHS Trust to provide a dedicated Continuing Care service referred directly to the home from NHS facilities. There are forty-seven bedrooms in total, forty-two of these are single and five are twin. All bedrooms have limited en-suite facilities. At the time of our inspection there were twenty one residents living in the care home.

What people told us

In the vast majority of cases, the residents of the service were unable to converse or understand questions put to them and this may have caused them distress. We therefore restricted our assessment of service users' satisfaction to observation of interaction and presentation in a variety of care and support settings. We also consulted questionnaires completed by family, carers and others on residents' behalf. In our opinion, residents appeared to be happy and comfortable both in their surroundings and with the staff who were caring for them. A trusting relationship appeared to exist between resident and staff and there was generally a feeling of calmness throughout the home. Any comments we did ascertain were very positive about both the service and the staff who cared for its residents. Residents were well presented, clean and tidy and while incidents of stress or distress did occur during our inspection they were rare and were properly and professionally handled with the minimum of fuss.

Self assessment

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

During our inspection we met with and observed a number of residents being cared for and supported in a variety of situations. We also examined questionnaires completed by family carers and others on their behalf. We examined records and documents relating to all aspects of care and support. Although, due to restrictions in ability to communicate and converse, we were often unable to speak directly with residents, we were satisfied that our observation of them provided sufficient information to inform our view of care and support. We considered that care and support was delivered to a very good level overall with intervention and assistance being individualised, personalised and needs based. We saw individual examples of great care and time being taken to ensure that residents were supported in a way which suited them and their specific care and support needs. Residents appeared to us to be happy and comfortable in their surroundings and enjoyed a good rapport with care staff. Those who wished to could participate in a variety of activities and outings, both group and individual, according to their level of ability and interest. Unfortunately at the time of our inspection the minibus

had broken down and outings were, for the time being, not possible. Resident's meetings were held regularly to ensure participation and resident's opinions were sought regarding issues such as menu choice, outings venues, activities and general service improvement. We also noted that for those residents who had family connections, the service were very proactive in establishing and maintaining good contacts being aware of the importance of this to residents. Records and documents we examined including care plans demonstrated a high level of knowledge and understanding of the individual residents and their needs. These were reviewed and updated at regular intervals. We also noted that the service enjoyed a very good relationship with external agencies and professionals associated with the care of the individual residents. This ensured that a multi-disciplinary and multi-agency approach to care and support was being practiced to the ultimate benefit of the residents themselves.

During our inspection we examined both floors of the service and all types of room and facility including communal areas such as the lounges and dining rooms, seating areas and corridors. We also examined residents' bedrooms and toilets, medical rooms and other utilities.

We noted that the general ambiance of the home was very pleasant and homely. Communal areas were brightly appointed with pictures, murals some of which were painted by the local school, and other forms of memorabilia designed to be stimulating and Dementia friendly. We examined maintenance records and found equipment and fixtures to be properly and regularly serviced and maintained. Residents' bedrooms were personalised in terms of décor and equipment and personal items such as pictures, photographs and ornaments were evident. Communal areas were for the most part bright, well-lit, nicely decorated and appointed with comfortable furnishings and entertainment equipment. These areas appeared to be very popular with residents and were where they spent much of their time. We found that residents were consulted and given choices regarding any planned changes to their environment and were encouraged to participate whenever possible. Many residents enjoyed walking outside and the area in which the home was located lent itself to this. There were also areas within the grounds of the home where residents could sit outside when the weather permitted.

During our inspection we spoke with a number of staff of varying positions including the Administrator, Staff Nurses, Care Assistants, Kitchen Assistant and Maintenance staff. We also examined questionnaires completed by other members of staff. We examined staff files including training and supervision records.

The members of staff with whom we spoke were happy in their role some saying that it was the best job they had had. Staff felt that the induction they had received was comprehensive and the training relevant to their care and support role. Although complex at times, staff felt that the needs and wishes of residents were properly met by the training they received. Courses in more specialised subjects such as Dementia, Stress and Distress, Mental Health and Alcohol Related Brain Damage had also been made available. We noted that a Palliative Care Group was being planned with staff to better focus upon this important area of care. Most staff had gained SVQ level 2 in health and social care and others had gained or were in the process of gaining level 3. Senior staff were working towards managerial and supervisory qualifications.

We were impressed by the level of commitment to training and improvement shown by staff and this will benefit not only themselves personally and professionally but ultimately those they care for and support.

We observed staff in a number of care and support roles including supporting mealtimes, dispensing medication, one to one engagement and comforting stressed and distressed behaviour. We found both nursing and care staff to be motivated, caring and compassionate in their care and support of residents. They also demonstrated professional knowledge and personal interest in the lives, needs and wishes of those they supported. Staff files indicated that staff were properly recruited, inducted and trained for their level of responsibility. They were supervised regularly and fully supported by their managers. Staff meetings were held which allowed staff to have their say, problem solve and make suggestions for improvement.

What the service could do better

While Care Plans contained good information about the individual we felt that a 'one page profile' which included some personal history, at the front of the document who serve as a useful introduction to the individual. We consider the use of 'hospital passports' to be good practice and we would recommend their use. The documented response to stressed and distressed behaviour was not always clear for the information of staff and in particular the considered alternatives to the use of PRN medication should be evident. We made a Recommendation regarding this. Recommendation 1.

In some cases information had not been updated or was absent. This included a need to change the medication regime when a resident was regularly asleep at the time of dispensing, the consultation of a Dietician for a resident who wished to lose weight and the need for authorisation signatures from relatives on certain documents.. We felt that more attention to detail was required generally as was the identification of a post holder to monitor same.

We noted that the home had access to a minibus one week in every month as it was shared with other care homes. We felt that not having this facility for three weeks in every month was unrealistic in terms of offering residents socialisation and activity opportunities.

While residents' finances were properly recorded and accounted for we noted that one individual had accrued a very substantial sum which was effecting the overall amount held in the combined account. Discussion with the local authority requires to take place to ensure that the rights of the individual are being properly protected and a more suitable saving arrangement put in place. We made a Recommendation regarding this. Recommendation 2.

We noted that while the vast majority of the twenty-one residents did not have capacity only six had any form of Guardianship or Power of Attorney. We considered that the authority to care for and support these individuals including making decisions on their behalf should be reviewed. The views of the Office of the Public Guardian and the Mental Welfare Commission may be sought in this regard.

While the outside garden area was ideal for enabling residents to enjoy the better days it was not easy to access involving a route around the side of the building. This was not practical for those with poor mobility and only possible for others if accompanied by staff. We considered that providing a direct access to this area from the rear of the main building would vastly increase the opportunities for residents to make use of this facility. We were aware that this would almost certainly mean the loss of a bedroom to provide access. Some corridor lighting was not bright enough.

A number of toilets had minor faults such as a bulb out, pipework boxing needing repair and suitable lidded bins being provided. The hot water in one toilet was too hot but this was rectified during our inspection. This requires to be monitored.

The ground floor medication fridge was out of commission and we understood that a repair or replacement had been organised.

We noted that the door of the Administration Office opened out onto the main corridor presenting a risk of injury to anyone passing including frail elderly residents. We suggest that this door be re-hung to open inwards or slide sideways to negate this risk.

Although no offence was intended or taken, the service should ensure that terms of endearment towards residents remain professional, appropriate and respectful.

Staff training appeared to be relevant and up to date however we would recommend the use of a Training Matrix which would give managers an 'at a glance' view of the training status of all staff including omissions and any required refresher training.

The service should ensure that 'bank staff' enjoy the same level of supervision as regular staff. The minutes of staff meetings should include any issues or ideas raised. These should be followed up and the results conveyed during the next meeting. This will give credibility to the process and encourage staff participation and ownership.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should ensure that the need and use of PRN medication to alleviate stressed and distressed behaviour and the prior consideration of alternative interventions are properly recorded.

NCS 15 Care Homes for Older People - Keeping Well - Medication.

2. The service should ensure that individual resident's funds do not exceed the recommended level held and that a procedure is put in place to properly safeguard their monies. This may require the identification of a suitable Financial Guardian via the local authority.

The Adults With Incapacity (Scotland) Act 2000, Codes of Practice, 746 - 748.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
3 Aug 2016	Unannounced	Care and support Environment Staffing
		5 - Very good 5 - Very good Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
16 Dec 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
9 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
10 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 5 - Very good Not assessed 4 - Good
3 Apr 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
10 Sep 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
27 Apr 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
5 Dec 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 3 - Adequate
27 Jul 2011	Unannounced	Care and support Environment Staffing	4 - Good Not assessed Not assessed

Date	Type	Gradings	
		Management and leadership	4 - Good
30 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good Not assessed Not assessed
1 Jul 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
15 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
19 Nov 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
16 Dec 2008	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
17 Jul 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good

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