

Arcadia Gardens Care Home Service

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Bridgeton
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Type of inspection:

Unannounced

Completed on:

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Service provided by:

HC-One Limited

Service provider number:

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Service no:

CS2011300643

About the service

Arcadia Gardens Care Home provides accommodation and nursing care for up to 72 older people which may include six adults with physical or sensory impairment and up to 6 respite care placements. During the inspection the service had 51 residents.

The building is purpose-built with all accommodation at ground level and divided into three separate units:

- McQueen unit - 24 older people
- Lindsay unit - 24 older people living with dementia
- Bruce unit - 24 older people which can include up to six adults with physical or sensory impairment.

The home is situated in the Bridgeton area of Glasgow and is near to public transport facilities. There is a car park to the front of the building and each unit has access to an enclosed garden area.

The provider is HC - One Limited whose mission statement is:

"Our company is built on the principles of involvement, accountability and partnership. We want HC-One homes to be the kindest homes in the UK with the kindest and most professional staff, where each and everyone matters and each and everyone can make a difference."

What people told us

The majority of residents and their relatives we had contact with, were happy with the quality of care received and in particular we received positive comments about the staff:

'Overall I am happy with the standard of care my relative receives.'

'In general a well-run establishment and staff are usually courteous and friendly.'

'Overall staff are really nice, no concerns about them.'

'Very nice people, I don't like to socialise so I am quite happy watching tv in my room.'

'This place is great, I am so happy my relative is here, their mood is so much better and they've gained weight. They took them to Loch Lomond for their birthday which they loved.'

However, we did also receive some concerns about the level of staffing, care and stimulation for residents that could be improved:

'More recently there has been a cut back in the number of staff on duty. I am aware that there are a number of rooms unoccupied however staff reduction is far too severe. We have repeatedly commented on the outside area and lack of accessibility, shrubs unruly and no decent garden furniture, garden areas not user-friendly for the elderly or disabled people. Although there is yet another change of manager, the previous two were visible, the current one is not so.'

'Occasionally seems a bit understaffed especially at weekends.'

'When staff phone in sick it's hard, new manager good and sickness has improved.'

'I don't think there is much in the way of activities, my relative doesn't like loud noises so entertainers not for them but they loved their dog but there is no therapist and no reminiscence of my relatives past life or experiences.'

'Some days less to do if girls are too busy but they do try their best.'

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

Overall people we spoke with were positive about the staff who supported and cared for them. We saw some really positive interactions which reflected that staff knew residents well and this created a friendly and relaxed atmosphere within the home. We were aware that staff had raised a couple of concerns in relation to poor staff practice and that these had been dealt with appropriately.

However, we also saw interactions between some staff and residents which if managed in a more meaningful way could have provided a better outcome for the residents. As a result of this we asked management to ensure that staff were aware of how their interactions affected individuals and also to review the use of language, such as 'compliant' and 'non-compliant' in care records.

How people spend their day is important in maintaining people's physical and mental wellbeing. We saw some nice examples of regular outings and community links which were of benefit to residents, and noticed several residents spending time in the home's outdoor patio area.

However, the condition of all the garden/patio areas and furnishings were in need of attention and we also saw long periods of no meaningful engagement in the lounge areas within all units.

People told us that, 'I'd like to get out more, I need my Vitamin D', 'We just sit here too much, you need to do something, I'd like to move about more', 'I just sit here all day, there's nothing to do', 'Don't get out enough', 'Staff have to get the work done and don't have time to chat with my relative', 'It's very very boring, there is absolutely nothing to do. I stay in my room mainly as everyone just sits around in the lounge' (**see Area of Improvement 1**).

We were told that work on the garden/patio areas was planned and a surveyor visited the home during the inspection, to plan work needed to improve the garden areas. Whilst this is good, the areas could be made more useable now with some interim garden maintenance and painting as well as ensuring that residents could easily access the areas. We were also told that the well-being co-ordinators were starting a forum to share ideas across the homes.

We discussed with management, the benefits of meaningful activities for people and how this can help reduce people's stress and distress reactions. We raised the need to look at increasing meaningful activities for younger adults living in the home, which would mean that people would experience less periods of feeling bored if spending more time doing what they enjoyed. This would also help promote positive behaviours for some people who would become frustrated due to a lack of stimulation.

People should be sure that their health needs are well supported. We saw that residents' health needs were reviewed on a regular basis through a variety of hospital appointments, health screening and a range of healthcare professionals who visited the home. This included GP, dentist, optician, chiropodist, speech and language therapist and specialist nurses.

People living in the home should feel safe, and we were satisfied with the monitoring of accidents and incidents to keep people safe.

Areas for improvement

1. In order to ensure that people spend their day doing what they enjoy and want to do, the manager should ensure that staff receive relevant support and training to deliver more meaningful activities and easy access to suitable outdoor space.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21); 'I can maintain and develop interests, activities and what matters to me in a way that I like' (HSCS 2.22).

How good is our leadership?

3 - Adequate

Overall, people who we spoke with gave positive feedback about management. We found the manager to be very open and responsive, managing the home and staff in a calm manner.

We found improvement in staff handover meetings since the last inspection which meant that staff should be more prepared and informed about how to support people. However, overall progress with areas for improvement highlighted at the last inspection was not evident. For example, meaningful activities has been a repeated improvement area that has needed attention to provide better outcomes for people.

The service should have a culture of continuous improvement with robust quality assurance processes. We saw that there was a system in place to monitor the quality of staff practice and resident care through meetings, regular audits and any compliments or complaints received. However, we asked management to ensure that the action taken and outcomes achieved were clearly recorded and that the home's development plan be used for all areas for improvement (**see Area for Improvement 1**).

People told us that they knew who to speak to if they had any complaints or concerns. We noted that there had been a recent increase in concerns raised by some relatives in relation to changes in staff and care issues. We discussed these with management and social work who were currently investigating the concerns raised. We asked management to ensure that people were aware of their options if they were not satisfied with the complaint response from the service/provider.

In relation to recent concerns raised by relatives, we asked management to continue to monitor staffing levels and skill mix in individual units.

We were told that external stakeholder feedback was gained via the ipad within the home or the website carehome.co.uk. We asked management to ensure that there was an analysis of this information.

Areas for improvement

1. In order to ensure that the quality of the service improves outcomes for residents, the manager should ensure that the organisation's quality assurance processes continue to involve residents, relatives and staff and demonstrate how outcomes for people have improved as a result.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'I have confidence in the organisation providing my care and support' (HSCS 4).

How good is our staff team?

3 - Adequate

People should expect to have confidence in the staff who care and support them. We saw that the home had a training schedule which reflected planned training for staff to attend and the majority of staff spoken with said that they felt supported to achieve the training they needed to do their job.

Training records showed that there was an overall high compliance with staff training however most training was on-line and did not support group focused learning. Some staff felt that they would benefit from more advanced dementia training and we also suggested that regular supervision including direct observations of staff practice would benefit both staff and resident outcomes (**see Area for Improvement 1**).

We discussed with management, their plan to support care staff to achieve relevant qualifications for their Scottish Social Service Council (SSSC) registrations and staff's lack of awareness in relation to the new Health and Social care standards. We suggested that the SSSC open badges training scheme may help staff to learn about the new standards and use them in their day to day work.

We saw that a range of staff meetings used to happen regularly and these needed to be reinstated. The manager continued to have a morning meeting with all departments.

People should be supported on a daily basis by staff who know how they wish to be cared for and are competent to do so. The turnover of staff and continued use of agency staff was still evident and acknowledged by management. We saw that some vacancies had been reduced with recruitment of new staff and where agency staff were required, the same staff were used where possible to provide consistency for residents.

Recruitment was ongoing for permanent staff and although we found overall good practice using competency based interviews which was helpful for establishing the applicant's value base, skills and knowledge for working with the resident group, we highlighted some areas for management to address (**see Area for Improvement 2**).

Staffing levels were regularly monitored by management to ensure that the necessary levels of staff were on duty to meet resident care needs. We highlighted to management that some concerns had been raised about not enough staff being available and staff not being able to spend time with residents that they wanted to. We asked management to continue to monitor staffing levels, deployment and skill mix in individual units and make changes where required.

Areas for improvement

1. In order to ensure that staff have the right skills, knowledge and competence to meet residents' needs, the manager should ensure that staff are supported through:

- regular meetings for all staff groups
- regular supervision including direct observations of practice
- identified and relevant training such as falls prevention and Promoting Excellence dementia training at enhanced level for all nursing and care staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. In order to ensure that all staff are safely recruited to keep residents protected from harm and in line with best practice guidance, 'Safer Recruitment Through Better Recruitment', the manager should ensure that all staff have:

- reference(s) from the most recent employer
- checks carried out with the relevant professional body
- a risk assessment of any information which is highlighted through self-disclosure or enhanced disclosure.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

How good is our setting?

4 - Good

People who live in the home should experience a high quality environment. People told us that they were generally happy with the home's environment and were able to personalise their bedrooms, 'my relative's room is lovely, they let me pick the room', 'enjoy making my own coffee with my coffee machine'.

The home had three separate units which promoted small group living and each unit had their own lounge/dining rooms, quiet rooms and access to an enclosed garden area. There was also access to hot and cold snacks and drinks out of kitchen hours. We asked staff to ensure that the 'snacks box' was kept replenished.

The internal environment of the home was overall well-maintained with furnishings in good condition and no unpleasant odours. However, as previously stated, the condition of all the garden/patio areas and furnishings were in need of attention and could be made more useable now with some interim garden maintenance and painting as well as ensuring that residents could easily access the areas.

Some progress in developing a more dementia-friendly Lindsay unit since the last inspection was evident however there was work needed to reflect an environment which would meet the criteria of the Kings Fund environmental tool **(see Area for Improvement 1)**.

We continued to find that the various areas within the home, such as the sensory room, retro café, reading room and cinema room, were under-used. Staff needed to explore the best way to get the most out of these resources, improving outcomes for the residents as a result.

We saw that regular maintenance checks, repairs and servicing of equipment used within the home was in place to keep residents safe.

Areas for improvement

1. In order to ensure that the home's environment enables all residents to live a meaningful and fulfilled life, the manager should:

- continue to involve residents and relatives in its development
- ensure that the home's environment is developed in line with best practice guidance for people living with dementia or cognitive impairment.

This ensures care and support is consistent with the Health and Social Care Standards, which state that, 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1), 'the premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support as well as details of personal interests and preferences. Although we found some improvements with person-centred planning, progress needed to continue in relation to person-centred and outcome focused plans with evaluations that reflected whether the planned care had had the desired effect or not and if anything needed to change as a result.

We also found that positive support care planning and the use of associated documentation in the management of stress and distress behaviours needed to be more meaningful and structured.

We found daily notes often very clinical and not reflective of a more holistic approach, capturing people's day to day quality of life, what's important to them and how they spend their day.

Care review document was seen to be completed however again these could be more person-centred and focus on what the person can do and the support needed to achieve their goals even if this is the maintenance of their current quality of life **(see Area for Improvement 1)**.

People should be helped to manage their finances and make choices about how this can be used to their benefit. Where the home managed residents' monies, we found that some residents had accumulated significant amounts of money and we asked management to explore how this money could be used to enhance the resident's quality of life.

Areas for improvement

1. In order to ensure that people receive care and support which is personal to them, the manager should ensure that care records reflect a person-centred and outcome focused approach. Care reviews should also help to identify future plans and goals.

This ensures care and support is consistent with the Health and Social Care Standards, which state that '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); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

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

Requirements

Requirement 1

The provider must ensure that the recording of medication administration is in line with best practice.

This requirement was made on 25 January 2018.

Action taken on previous requirement

We found that the manager had implemented the action plan submitted in relation to this requirement and that staff practice was in line with best practice.

Met - within 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

In order to ensure that people spend their day doing what they enjoy and want to do, the manager should ensure that staff receive relevant training and development to deliver more meaningful activities.

This area for improvement was made on 25 January 2018.

Action taken since then

We saw some nice examples of regular outings and community links which were of benefit to individual residents and several residents using the central patio area during the day.

However, the condition of all the garden/patio areas and furnishings were in need of attention and we also saw long periods of no meaningful engagement in the lounge areas within all units.

This Area for Improvement has not been met. See How well do we support people's wellbeing? Area for Improvement 1.

Previous area for improvement 2

In order to ensure that the quality of the service improves outcomes for residents, the manager should ensure that the organisation's quality assurance processes continue to involve residents, relatives and staff and demonstrate how outcomes for people have improved as a result.

This area for improvement was made on 25 January 2018.

Action taken since then

We saw that there was a system in place to monitor the quality of staff practice and resident care.

However, we asked management to ensure that the action taken and outcomes achieved were clearly recorded and that the home's development plan be used for all areas for improvement.

This Area for Improvement has not been met. See How good is our leadership? Area for Improvement 1.

Previous area for improvement 3

In order to ensure that the home's environment enables all residents to live a meaningful and fulfilled life, the manager should:

- continue to involve residents and relatives in its development
- ensure that the home's environment is developed in line with best practice guidance for people living with dementia or cognitive impairment.

This area for improvement was made on 25 January 2018.

Action taken since then

Some progress in developing a more dementia-friendly Lindsay unit since the last inspection was evident however there was work needed to reflect an environment which would meet the criteria of the Kings Fund environmental tool and as previously stated, the condition of all the garden/patio areas and furnishings were in need of attention.

This Area for Improvement has not been met. See How good is our setting? Area for Improvement 1.

Previous area for improvement 4

In order to ensure that people receive care and support which is personal to them, the manager should ensure that care records reflect a person-centred and outcome focused approach. Care reviews should also help to identify future plans and goals.

This area for improvement was made on 25 January 2018.

Action taken since then

Although we found some improvements with person-centred planning, progress needed to continue in relation to person-centred and outcome focused plans with evaluations that reflected whether the planned care had had the desired effect or not and if anything needed to change as a result.

This Area for Improvement has not been met. See How well is care and support planned? Area for Improvement 1.

Previous area for improvement 5

The manager should ensure that all residents have access to meaningful activities and outings which reflect their individual preferences and choice.

This area for improvement was made on 25 January 2018.

Action taken since then

The condition of all the garden/patio areas and furnishings were in need of attention and we also saw long periods of no meaningful engagement in the lounge areas within all units.

This Area for Improvement has not been met. See How well do we support people's wellbeing? Area for Improvement 1.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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