

Meldrum Gardens Care Home Service

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Greenhills
East Kilbride
Glasgow
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Telephone: 01355 574580

Type of inspection:

Unannounced

Completed on:

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Service provided by:

South Lanarkshire Council

Service provider number:

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Service no:

CS2003001334

About the service

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

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

Meldrum Gardens is a registered care service provided by South Lanarkshire Council. The service provides care and support for a maximum of 40 older people, of whom a maximum of eight at any time can be in receipt of respite, short-term care.

The home is a purpose-built two storey building situated in a residential area of East Kilbride and is within close proximity to transport links and local amenities.

The rooms provide spacious apartment style living with kitchen and full en-suite facilities. Each unit provides communal toilets and bathing facilities, communal lounge and dining space as well as numerous quiet areas for people to sit outwith their own rooms. The home consists of five separate units one of which is now to be a designated intermediate care unit. This involves admitting people from hospital for a short period of reablement. During this time staff support and promote their independence under continual supervision and assessment until they are able to return home.

The service also benefits from a cinema room, hairdressing salon and a winter garden room with tea and coffee making facilities for residents and visitors to use. There are balcony areas on the first floor with plants and seating for people to use. The garden areas on the ground floor are well maintained and secure with seated areas for residents and visitors.

What people told us

Prior to this inspection we issued a total of 40 Care Standard Questionnaires to residents, relatives/carers of which a total of seven were returned. Six people strongly agreed and three agreed that overall they were satisfied with the standard of care and support provided by the service.

Two people were unsure how to make a complaint, some of the comments we received were as follows;

'Meldrum gardens staff work as a very strong team and support each other and the residents, all staff take time to converse and respect is shown everywhere to everyone, staff, residents and visitors.'

'Meldrum gardens environment is what everyone should have, visitors come regularly and return because of the ambience.'

'Staff are aware of individual needs and are professionally sensitive to all aspects of care.'

'Food is not always warm and would like a better choice of food.'

'All care is very good and I'm happy living here.'

'First class, nice place to live.'

'I have a double room and I'm happy and settled, the room is clean and comfortable and I can go out and sit on the balcony with my family when they visit.'

'Food could be improved, more choice on the menu.'

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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staffing?	3 - Adequate
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

People who experience care have the right to be treated with dignity, respect and compassion and have confidence in the people who provide their care and support.

The residents, relatives and visitors we spoke to at the inspection commented positively on the support they received from the staff and management team. People said they felt well supported and looked after by a caring and respectful team of staff who were responsive to their requests.

We saw staff demonstrating a caring, professional approach when interacting with residents and their relatives. Residents looked well presented and appeared comfortable and relaxed with staff who clearly knew them well and were able to care for them depending on individual need. The service had implemented a new falls strategy and staff promoted mobility through physical activity which had seen a reduction in falls and had benefited people's health and wellbeing.

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

Views were sought through meetings and questionnaires and the service had recently introduced resident of the day where staff ensured all documentation was up to date as well as obtaining individuals' views and requests.

Residents could be confident that staff had an overview of their health care needs and consulted with relevant health care professionals.

Additional monitoring charts were used for residents who needed extra support. Some of these were completed better than others particularly where staff were monitoring head injury, skin integrity and topical medications. There were no records of anyone having pressure damage which assured us that staff were attending to residents needs however were not recording this consistently. There were also gaps in medication stock balances, staff were not always recording the outcome to as required medication or signing handwritten entries on the medication records (see area for improvement 1).

We received some mixed feedback on activities, some people were happy others said there wasn't enough going on.

There were activities taking place when we visited which had been planned in advance of our visit which staff were encouraging people to participate in.

Residents benefitted from a cinema room with regular opportunities to attend film nights. Residents and staff had enjoyed a Halloween party and a tea dance afternoon, some residents had enjoyed baking bread others enjoyed doing light housework duties and tending to plants on the patio and enclosed garden areas. There had been some outings over recent months which we were told depended on the availability of the bus. The manager was currently looking at alternative transport options to provide more opportunities for group outings in the future.

Areas for improvement

1. All charts used to monitor individuals healthcare needs and interventions must be completed as required. These charts should be regularly reviewed to ensure that care has been delivered.

Any gaps identified should provide evidence of actions taken and outcome achieved to ensure the wellbeing of the individual.

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

How good is our leadership?

5 - Very Good

People should be supported by a service and organisation that is well led and managed.

We spoke to a range of people throughout this inspection who provided positive feedback on the management team who support and encourage the staff team to maintain and improve the standards within this service.

There was an effective auditing system in place which covered a wide range of topics ranging from healthcare to the environment. This provided the manager and senior management team with a full overview of what was happening within the service as well as action plans and progress to date.

The home is safe and secure with equipment and servicing contracts in place and up to date to ensure a safe environment.

Requests for repairs were recorded within the managers auditing system and submitted to council headquarters for action. This could be improved as we could see that there were times where the manager had to review and continually resubmit requests for repairs to be actioned to ensure the comfort and safety of residents.

There was a complaints policy and the manager had a log of any issues raised by residents or visitors. Any concerns were recorded, acknowledged and appropriately responded to. This ensured people felt listened to and valued.

Accidents and incidents were recorded and analysed by the management team. The implementation of a new falls strategy, a new electronic nurse call system and the promotion of physical activity had resulted in a reduction in the number of falls over recent months.

There was a service development and improvement plan which had been completed using the new framework for inspection. This identified areas of improvement within the service with detailed action plans, progress and target dates for completion. We look forward to reviewing how this has been used effectively to improve the service further at future inspections.

How good is our staff team?

3 - Adequate

People using care services should have confidence in the people who provide support because they are trained, competent and respond promptly to requests for help.

Staff appeared professional, supportive and friendly when interacting with residents and visitors. The residents and visitors we spoke to spoke positively of the care and support they received from the staff and management team.

We visited each of the units at different times throughout our inspection and found them to be calm and organised.

We received some mixed feedback from staff. Generally staff said there was plenty of training, team meetings and supervision taking place regularly and said they felt supported by the management team. However we also received concerns from staff over the increased level of dependency and current staffing levels. We looked at staff rotas and monthly dependency assessments. We were informed that there were times where staff had to leave units unattended to provide support elsewhere in the building. This was confirmed in the rotas we looked at as well as feedback we received from relatives/visitors who said this was concerning at times.

The dependency assessments we reviewed within the care plans demonstrated an increase in some individuals dependency which was not captured or analysed within the dependency tool used by the manager to inform staffing levels. The manager should review this as a priority to ensure there are always staff available in sufficient numbers to meet the current level of need and ensure people's safety and wellbeing at all times (see repeat requirement 1).

Staff recruitment files were kept centrally at council headquarters. The manager maintained a register of all staff with evidence of up to date registration details with the relevant professional body namely the Scottish Social Services Council (SSSC). This was checked regularly to ensure all staff were registered and fit to practice.

Staff had access to a range of e-Learning training as well as face to face training. There had been some training provided for staff on medical conditions and the manager informed us there were plans for this to continue. We were not provided with the training statistics for the service however staff told us there was plenty of training

available. We were informed that the training department are currently reviewing all training and are developing ways of capturing positive outcomes and better practice following training attended. We will review how this has progressed at the next inspection.

Regular supervision meetings were taking place with staff and where concerns over practice was identified additional support and training was provided. Staff were then completing reflective accounts in order to improve their practice further.

Requirements

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

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

- Any free movement of residents around the service
- The extended waking hours of residents
- The environmental layout of the service.
- Residents who require assistance to access community resources, as highlighted in any support plan and/or participation strategy.
- Frequency of accident/incidents
- An analysis of the dependency assessments which reflect the time required to provide care and support, the number of staff required to assist an individual and the number of staff then required to monitor communal areas and provide assistance when these staff are busy in each unit.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'My needs are met by the right number of people' (HSCS 3.15) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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

Timescale for completion; 31 March 2020.

How good is our setting?

5 - Very Good

People who use care services should benefit from a setting which promotes independence and provide the opportunity to spend time outdoors.

Meldrum Gardens is a modern purpose built home over two levels with a passenger lift providing access to the first floor. There are five separate units in total which are all safe and secure with keypad access into each of these. All rooms provide spacious single occupancy apartment style living with kitchen areas and full en-suite facilities.

Each room and communal space has been fitted with a new electronic nurse call system as well as assistive technology where needed to alert staff where residents are at risk of falls. The rooms are very well presented and residents have brought in their own furniture and personal belongings to make their room more homely.

The home was clean, fresh and tidy and staff we spoke to told us they had plenty of equipment to assist them when providing care and support. Each unit has a pantry area for staff, residents and visitors to access drinks and snacks. Regular audits of the environment were taking place to ensure the service continued to provide a high quality environment for residents to live.

Residents can have a key to their door if they choose, each door is numbered and has a personal picture which helps assist residents to find their room independently.

Residents were able to wander freely around the spacious units with no restrictions. The communal lounges and dining areas provide a relaxed, homely and comfortable environment for people to use. Staff encouraged and supported residents to mobilise and ensured any walking aids were within their reach to assist them.

As well as the communal lounges there were smaller lounges for people to use if they desired a quieter space to look outside the window or sit and read.

Residents also benefit from a large cinema room, hairdressing salon and indoor putting green area. The service also provides an apartment for any relatives/friends who require an overnight stay.

There is also a café on the first floor where residents and families can have a drink and snack together.

The units on the first floor provide spacious balcony areas where residents can sit or attend to plants and flowers in the better weather. The ground floor provides access to a secure, enclosed garden area with plants and a water feature. Residents are encouraged to be involved in gardening or light housework duties which helps promote mobility and alleviate boredom.

How well is our care and support planned?

4 - Good

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.

The care plans we looked at contained some good person centred information and detail which demonstrated that staff knew the residents well. This was evident through the positive staff practice and interactions we observed during the inspection.

Six monthly reviews were taking place in order to discuss any concerns or changes in individual care. On the whole we received positive feedback from the people we spoke to who said they felt confident in the standard of care and support provided.

We saw that people's rights were respected and where there were issues of capacity, appropriate legal arrangements were recorded and in place. This meant that people experiencing care could be confident that their views would be sought and choices respected, including when they had reduced capacity to make their own decisions.

There were some Anticipatory Care Plans in place and staff were currently working on these with input from residents and families.

There was some good information recorded on how to support residents choices and routine. This could be improved further by providing better detail on how to manage residents who experience periods of anxiety including an evaluation of any additional monitoring charts, staff support as well as the effectiveness of

prescribed medication. This will assist staff and other healthcare professionals when reviewing and planning ongoing health and support needs. An explanation of medical conditions and how staff are expected to provide the appropriate support will improve these plans further.

We could see risk assessments identifying how many staff were needed in order to provide care and support based on individual need. Where some residents required the support of two or three staff members it was unclear how this information was then used to inform the dependency assessment and staffing levels. Where a resident had experienced a deterioration in their healthcare needs, for example an increase in falls, there was not a clear explanation, evaluation or review of this within the plan or risk assessment (see repeat area for improvement 1).

Areas for improvement

1. The provider should ensure that support plans include accurate, up to date information about care and support, which has been fully evaluated.

The service should make better use of risk assessment tools to demonstrate the current level of risk and how staff are expected to manage this risk effectively and to the benefit of the resident.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

The provider must have an overview of the whole service. Quality assurance systems must be reviewed and improved in order to recognise risks, mitigate these and improve outcomes.

Audits should include, but are not limited to:

- Health care audits, such as wounds, weights, falls and continence
- The quality of care plan information
- The quality of the environment
- Accidents/Incidents
- Staff Training.

Notifications must be made to the care inspectorate as set out in our notifications guidance document.

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - which requires the provider to make proper provision for the health, welfare and safety of service users.

This requirement was made on 25 May 2018.

Action taken on previous requirement

This requirement has been met, please refer to key question two for further information.

Met - outwith timescales

Requirement 2

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

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

- Any free movement of residents around the service
- The extended waking hours of residents
- The environmental layout of the service.
- Residents who require assistance to access community resources, as highlighted in any support plan and/or participation strategy.
- Frequency of accident/incidents

This ensures care and support is consistent with the Health and Social Care Standards, which state, 'My needs are met by the right number of people' (HSCS 3.15) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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

This requirement was made on 25 February 2019.

Action taken on previous requirement

This requirement has not been met and is repeated. Please refer to key question three for further information.

Not met

Requirement 3

To ensure the safety and wellbeing of individuals the provider must:

Complete a full environmental audit with an ongoing development plan which includes any actions required and timescales for completion including:

Alert cords and sensor mats, must be accessible to any resident at any time in any area of the home.

This ensures care and support is consistent with the Health and Social Care Standards, which state, 'My environment is secure and safe' (HSCS 5.17).

It also complies with SSI 2011/210 Regulation 4(1)(a) - which requires the provider to make proper provision for the health, welfare and safety of service users and 10(2)(b)(d) Fitness of premises.

This requirement was made on 25 February 2019.

Action taken on previous requirement

This requirement has been met. Please refer to key question two and four for further information.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should review their documentation to capture how they support people to spend their day in a meaningful way. Documentation should be completed in a way that shows the service is striving to meet individual outcomes.

This ensures care and support is consistent with the Health and Social Care Standards, which state, '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).

This area for improvement was made on 11 February 2019.

Action taken since then

This area for improvement has been met. Please refer to key question one for further information.

Previous area for improvement 2

All charts used to monitor individuals healthcare needs and interventions must be completed as required. These charts should be regularly reviewed to ensure that care has been delivered.

Any gaps identified should provide evidence of actions taken and outcome achieved to ensure the wellbeing of the individual.

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

This area for improvement was made on 11 February 2019.

Action taken since then

This area for improvement has not been met and is repeated. Please refer to key question one for further information.

Previous area for improvement 3

The provider should ensure that support plans include accurate, up to date information about care and support, which has been fully evaluated.

The service should make better use of risk assessment tools to demonstrate the current level of risk and how staff are expected to manage this risk effectively and to the benefit of the resident.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 11 February 2019.

Action taken since then

This area for improvement has not been met and is repeated. Please refer to key question five for further information.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	5 - Very Good

4.2 The setting promotes and enables people's independence	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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