

Glennie House Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 July 2022

Service provided by:
MMCG (2) Limited

Service provider number:
SP2018013105

Service no:
CS2018365961

About the service

Glennie House is registered to provide a care home service to 52 older adults (aged 50 years and above). The service provider is MMCG (2) Limited.

Glennie House is situated within a quiet residential area of Auchinleck, East Ayrshire. The service is close to the town centre and amenities. It comprises of a two-storey purpose-built care home, with accommodation provided across two separate units/floors. All bedrooms are for single occupancy, with each benefiting from en-suite toilet and shower facilities. Each unit has communal lounge and dining facilities.

A secure garden can be accessed from the ground floor which was found to be well-established and maintained. A passenger lift is available to access both floors of the home.

About the inspection

This was a full inspection which took place on 25 and 26 July 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with range of people living in the service and their families
- spoke with a number of staff and management
- observed practice and daily life
- reviewed documents
- spoke with professionals who support the service.

Key messages

- Management and staff knew each resident well and were very good at building positive relationships with residents and families.
- Staff were highly motivated and focussed on achieving good outcomes for people.
- Staff skilfully used variety of methods to engage residents in meaningful activities.
- The environment was very homely, with visitors warmly welcomed.
- Leaders were knowledgeable about aspects of the service which required improvement, to enhance consistency and quality of support.
- Management and staff work well with external health professionals, enhancing the health and wellbeing of people.

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?	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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staff had created a homely environment where people experienced warmth, kindness and compassion in how they were supported and cared for. Staff knew residents very well, and had a good understanding of their needs, wishes and aspirations. A resident told us "The staff all know me well, I couldn't ask for better care."

The information in care plans reflected the approach to care and support we saw during the inspection. There were very good examples of individuals' choices and preferences in care plans. This guided staff to ensure that people's choices and wishes were respected. One care plan detailed "I enjoy my family visiting, having my hair done, listening to other people's stories and help with reading magazines."

Regular reviews of care and support were carried out, to determine if people were being provided with the right care and support to meet their outcomes. Family members and external professional told us that they are invited to reviews and their views sought on support provided. One relative stated "I was involved in a review recently to assess how the first few months had gone. I had the opportunity to have my say and get my point across, which made me feel valued and respected."

We found that people benefitted from regular and robust risk and health assessments, which influenced the care plan. Monitoring charts are in place and actions taken when required. Staff accessed a range of health care professionals for advice and support when needed to manage individuals' healthcare needs. This ensured people's healthcare needs were being managed in an agreed and consistent manner. A healthcare professional informed us "Communication is very good between the service and myself. Any concerns are identified and the service works hard to find a solution to meet the needs of the resident."

Staff had a good understanding of the newly introduced electronic system that supported the management of individuals' medication. We spoke with senior staff and saw they dispensed medication in a well organised and safe way. We were assured that people's healthcare needs were being supported by the safe and effective management of their medication.

Staff were creative in how they involved people in meaningful activity to help their wellbeing and support good mental health. Our observations showed a range of activities being planned and carried out, based on people's preferences with active encouraging engagement. People were enjoying being involved and taking part. A relative told us "My loved one is shy and gets worked up in a big group, staff are aware of this and move her to a quieter area if there are too many people, so she is still able to get involved in activities without getting agitated."

Mealtimes were well managed and sociable, with people given the opportunity to enjoy their meal without any rushing. People were given a choice of what to eat and drink, with written and pictorial menus available. During our observations staff demonstrated their awareness of specific dietary needs, and encouraged people to use their own abilities whilst ensuring that respectful support was at hand when needed. This helped support people's health needs through maintaining good nutrition and hydration.

People living in Glennie House were well supported to keep contact with their families, and the local community. Staff effectively support people to meaningfully engage with their loved ones and keep them informed. This includes regular phone calls and video calling as well as actively supporting visiting. Family members were appreciative of the time taken by staff to support their loved ones to communicate, "The staff facilitate video calls, mum thinks her family is on tv."

The home is well known throughout the local area, and has strong connections within the nursery and school nearby. Staff worked hard to create opportunities to include the young people in activities planned, recognising the benefits of this for both residents and pupils. We heard of a recent joint venture to visit Dumfries House and Primary 7's supporting the residents plant flowers in their garden.

Infection prevention and control (IPC) systems and procedures had become well established. There were good systems in place to assess the cleanliness of most areas of the home and IPC measures. However, during our observations there were a few areas that required attention, which were not covered within these checks (please refer to How good is our leadership for further information). The manager responded efficiently to our concerns, rectifying the issues prior to the end of the inspection. Bedrooms and residents' communal areas were clean and tidy. Staff practice reflected their awareness of current IPC guidance. These measures demonstrated that people using the service and their families are being protected from the risk of infection.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

There was a culture of continuous service improvement at Glennie House. This was driven by the manager who led staff by example and used effective systems to assess the quality of service provision and to ensure very good standards of practice. This meant the manager had a clear knowledge of day-to-day operations and how this affected people's outcomes.

We found the service had a range of quality assurance processes to ensure that the needs of residents were met. A variety of audits and organisational support visits were carried out regularly, looking at a wide range of areas and identified improvement actions.

There was a home development plan in place, which identified actions linked to ongoing service improvements. This process could be strengthened further by clearly defining how this is updated and evaluated and who is involved in this.

Daily meetings were held with senior staff to improve communication across the service. This included any accidents and incidents and discussion regarding any areas of concerns. Effective processes were in place to record and to action necessary changes following accidents, incidents and complaints. Any adaptations required were incorporated into risk assessment and care plans. Incidents and accidents were reported to families, the relevant authority and to the Care Inspectorate. This showed that staff used a robust system to learn from adverse situations and to drive improvement.

The manager and senior staff carried out regular quality audits on a variety of areas across the home including care plans, medication and infection prevention and control. These audits were effective in identifying gaps and actions required as well as good practice.

There was a home audit which was carried out daily/weekly, covering a range of areas. Whilst this was beneficial in identifying improvement actions required, the environmental section had no guidance to direct what was being audited, to ensure a clear understanding of the required standards. There were some rooms within the home that weren't covered in this audit, which we observed required attention. The laundry area required some consideration of how to define the clean and dirty flow of laundry, to minimise risk of cross infection. (See area for improvement 1).

People and their families felt listened to, had regular opportunities to review the care plans and provide feedback on the home. Regular meetings were held with residents and management, and we could see agreed actions being taken forward. Families told us that the home kept them well informed and involved in their loved one's care. A relative said " Staff communicate very well - any concerns or just to provide an update." This promoted a culture of partnership and meant that people could feel confident about the home and the standard of care it provided.

The manager and senior staff used their leadership skills to ensure staff knew what was expected of them. Observations of practice were used to give staff regular feedback. The service is currently working on improving the consistency of supervision for staff. Staff told us that leaders had clear expectations but that they were also very supportive and accessible. This created an open and confident culture that promoted good practice and challenged poor practice.

The success of service development using these approaches resulted in the very good outcomes people living in the home experienced.

Areas for improvement

1. To promote the safety of people and minimise the risk of infection, the service should, at a minimum:-

- adapt the environmental audit to ensure guidance is provided to direct auditor on what to assess and ensure all areas that are requiring to be assessed are detailed.
- explore options for clearly defining the dirty to clean flow of laundry.

This is ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

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

To support better outcomes for service users, linked to choices and preferences, the service provider should enhance the provision of activities throughout the home.

This area for improvement was made on 16 October 2019.

Action taken since then

The service has increased the provision for activities, with the creation of an additional activities worker post. Planned activities were wide and varied, including one-to-one and group activities. Staff have been creative in utilising a range of internal and external resources to provide range of activities.

This area for improvement has been met.

Previous area for improvement 2

To ensure that care and support is safe and effective, the service provider should make sure all documentation required for the ongoing monitoring of service users' health and wellbeing is completed consistently, and to a good standard.

This area for improvement was made on 16 October 2019.

Action taken since then

Care plans and related documentation were person centred and provided clear information in relation to residents' health and wellbeing. Health monitoring information was updated regularly, and changes linked into risk assessments and care plans.

This area for improvement has been met.

Previous area for improvement 3

To ensure that service users receive care and support which is safe and effective, the service provider should put in place and implement a system to track outcomes from audits. Where developments are required, actions set should be specific and measurable, with defined timeframes for revaluation/review.

This area for improvement was made on 16 October 2019.

Action taken since then

Electronic audits are carried out across the service, generating action plans for areas for improvement. All audits sampled included identified actions, dates to be completed by and date completed.

This area for improvement has been met.

Previous area for improvement 4

To ensure that care and support is safe and effective, the service provider should make sure service users are protected from harm, neglect and abuse. This should include, but is not limited to, timeous referral to external bodies such as the Care Inspectorate and Local Authority.

This area for improvement was made on 16 October 2019.

Action taken since then

Incidents, accidents and areas of concern are discussed at daily flash meetings with senior staff and management. From the records we sampled appropriate reportings had been made to Local Authority and Care Inspectorate.

This area for improvement has been met.

Previous area for improvement 5

To help achieve better outcomes for service users, the service provider should put in place and implement a process to assess needs and expectations linked to staff provision, ensuring there is enough staffing throughout each 24-hour period to meet these.

This area for improvement was made on 16 October 2019.

Action taken since then

Senior staff update each resident's dependency tool each month, or sooner if there are changes. This then influences the staffing levels within the service. The service doesn't routinely use agency staff, although have identified which Agency would be used in an emergency, instead utilising bank staff and offering additional hours to contracted staff. Whilst this improves continuity of staff for residents, at times has presented challenges in relation to maintaining staff numbers.

Management within the service has worked to maintain appropriate staffing levels, and are continuing with ongoing recruitment of contracted and bank staff.

This area for improvement has been met.

Previous area for improvement 6

To enable service users to maintain greater levels of independence within the home, the service provider should enhance the environment to meet the needs of those who live there. This should include, but is not limited to:

- Enhanced lighting throughout the premises to provide adequate illumination
- Sufficient orientation signage to support independent navigation
- Fair access to outside space for all service users.

This area for improvement was made on 16 October 2019.

Action taken since then

The service has updated signage throughout the the home, directing people to relevant areas. All rooms have a sign detailing what the room is. All bedrooms have people's names identifying them and most have pictures, which may make it easier for residents to find there way back to their own bedrooms.

There is safe access to the garden area, with an alarm being activated to alert staff who then can assess any risk and put protective measures in place.

This area for improvement has been met.

Previous area for improvement 7

To ensure that care and support is safe, effective and consistent, the service provider should enhance the quality of care plans so these clearly detail the specific interventions required to meet needs linked to service users' assessed needs. The effectiveness of interventions should be measured through care evaluations.

This area for improvement was made on 16 October 2019.

Action taken since then

Care plans are informative and detail support required to meet needs of residents. We could see there was meaningful reviews of care plans carried out regularly, with changes noted and actions carried out.

This area for improvement has been met.

Previous area for improvement 8

To ensure that care and support is meeting outcomes for service users linked to identified choices and preferences, the service provider should enhance the content and quality of care reviews. These should provide a contemporaneous account of all discussions had, and plan for anticipated care needs.

This area for improvement was made on 16 October 2019.

Action taken since then

Regular reviews are in place for residents, with input sought from other professionals and relatives. Minutes of the meeting detailed clearly the residents' needs and how these were being met, as well as any changes required. Range of interpretations on how to answer the reflective section of the review notes, which could be improved.

This area for improvement has been met.

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
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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