

David Cargill House Care Home Service

6/7 Great Western Terrace
Glasgow
G12 0UP

Telephone: 01413 394 733

Type of inspection:
Unannounced

Completed on:
9 March 2023

Service provided by:
David Cargill House, Management
Committee

Service provider number:
SP2003000009

Service no:
CS2003000834

About the service

David Cargill House is registered to provide a care home service to a maximum of 45 older people. The provider is David Cargill House, Management Committee.

The service is located in the Hyndland area in the west end of Glasgow, and provided from a listed Victorian building.

The home has a mix of twin and single bedrooms. Twin bedrooms are offered to couples or related family. There are a number of shared bath and shower rooms available. None of the bedrooms have ensuite facilities.

There are several comfortable lounges, a hairdressing salon, and a large conservatory. An accessible, well-maintained garden provides secure outdoor space.

The service was home to 42 residents at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 7 March 2023 from 08:00 to 16:30, and 8 March 2023 from 10:00 to 16:45. The inspection was carried out by one inspector 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 five people using the service and four of their relatives
- spoke with eight staff and management.
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- The care home was clean, very well presented, and had a relaxed atmosphere.
- Staff were good at providing person-centred care and promoting freedom of choice.
- The staff team were friendly and caring and had a good awareness of the needs of people using the service.
- Daily activities were varied and set at different levels to meet the needs of people using the service.

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? | 5 - Very Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 5 - Very Good |

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

How well do we support people's wellbeing?

5 - Very Good

We found there were major strengths in supporting positive outcomes for people using the service and have evaluated that the service was performing to a 'very good' standard against this key question.

We observed the positive and professional relationships that staff had with the people they supported. This helped people to feel included and valued.

Staff were well trained and knowledgeable about the people they were supporting. This contributed to a responsive approach to people's health needs. Staff supported individuals to access health professionals and other community based services such as, church groups and entertainments, helping people to maintain good health and wellbeing outcomes.

One visiting health professional told us that staff were helpful, providing them with the information they needed when they visited.

Wound management was evidenced in daily recordings within personal plans, and we could see food and fluid monitoring was taking place by examination of the digital portal in use for individuals.

Community involvement was an important part of life for many who lived at the service. There was involvement in a community lunch club with a local church, and the service reciprocated this by offering lunch in the care home. This provided a good social experience for those who live there, and was enjoyed by all. There was also a "ramblers" group who go walking around the local area with staff, helping people to feel connected to their wider community.

There were a variety of activities on offer to suit people's different needs and abilities. These included French lessons, visiting the opera and singing along to music. Student occupational therapists also provided suitable movement and activity to meet people's needs and complement the activity programme on offer.

The very well presented and well used south facing garden had several seating areas and a small greenhouse for people's use. The garden was accessible for those with mobility difficulties. During the warmer weather staff supported people to spend time outdoors and facilitated fun activities.

We spoke with several family members who were all positive about the service provided to their loved ones. Comments included:

"Staff and the managers always go the extra mile."

"There is great communication, I totally trust their judgement."

The service supports maintaining meaningful contact with family and friends, and encourages visitors into the service. They do this by building strong relationships and having regular contact with family and friends, offering invites to the many different activities taking place, as well as invited participation in reviewing the care plan for loved ones.

Staff were very good at encouraging people to become involved in social activities, recognising the benefit of social contact. Even simply sitting in a comfortable chair chatting with others was seen as a valuable opportunity for engagement. For those few people who were not able to leave their room due to physical limitations, staff provided meaningful one to one contact that helped provide stimulation and reduce loneliness.

The manager consulted with people residing in the home and their relatives about ways to improve the service. This was done via questionnaires, conversations, and a quarterly family forum. A biannual newsletter was sent to families to keep them up-to-date with any developments at the service.

The home was welcoming and the housekeeping team worked hard to maintain the high levels of cleanliness we observed. This helped reduce the risk of transmission of infections and promoted a safe environment for people, staff, and visitors. Cleaning schedules provided evidence of the areas that were cleaned daily.

All staff had received infection prevention and control (IPC) training and demonstrated an understanding of effective practice in relation to IPC procedures. There was evidence of continued observed practice to help maintain expected standards. Staff had good access to personal protective equipment and alcohol-based hand rub.

How good is our leadership?

4 - Good

We evaluated this key question as 'good' where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There were effective systems in place helping to drive quality, and these were regularly reviewed by the management team. However, there was also room to further develop how these systems were managed. For example, the management team would move on to working on a different area when the original had not yet been achieved.

All relevant areas were being reviewed, for example, care and support plan updates, care reviews, areas for improvement within the service and staff supervision. When examining a care plan we could see that the information was up-to-date and that staff were able to identify the positive and the negative in each person's day. Staff supervision showed that areas for development or training were discussed as well as praise and recognition for staff. This meant that staff were competent and had the right confidence in their ability. We noted that some care reviews were overdue. We discussed this with the assistant manager who was already aware and had started to take action to address this.

Care plan auditing was taking place. Whilst this helped identify any gaps in recording and ensured that files contained up-to-date and accurate information, not all care plans had a recent audit.

The minutes of meetings sampled evidenced that people and external stakeholders were consulted about the service improvement plan. However, their feedback was not evident within the plan itself. **(See area for improvement 1)**

The service was introducing a new electronic management system at the time of this inspection. Each member of care and support staff have a digital device on their person throughout the day. This meant that staff are able to record care and actions as they happen. For example, when someone was given fluids, the amount was recorded on the device, this would then update the fluid monitoring both in picture and written form, leaving information on how much more had to be given throughout the day.

The manager was awaiting approval to be able to offer this system out to families to enable them to have access through their own digital devices to their loved ones care plan. This will help promote inclusion and transparency.

Areas for improvement

1.

To ensure that people and other stakeholders can have confidence that their input helps to drive improvements at the service, the manager should ensure that their feedback is included in the service improvement plan. This should be accessible and provided to everyone in a suitable format, for instance, at team meetings, through newsletters, and other communication systems.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8) and, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

5 - Very Good

We found there were major strengths in supporting positive outcomes for people and have evaluated that the service was performing to a 'very good' standard against this key question.

Staff had a very natural rapport with people and were confident in providing the support they needed.

The training that staff received helped them to perform competently within their role.

From the training matrix, we sampled, it was evident that staff had access to a range of training. Mandatory training identified the key areas necessary for staff to be able to undertake their role, with safety and compliance rates high. This meant staff had learning opportunities to support their continuous professional development and equip them with the skills and knowledge they needed.

Ancillary staff were given the opportunity to study towards a Scottish vocational qualification (SVQ) at level two. This helped promote an understanding of people's needs and complex presentations, for example, supporting people with dementia and those who experience stress and distress.

Care staff were qualified to SVQ3 level and senior care staff to an SVQ4. This ensured that all staff in the care home had a level of competence corresponding to their role.

Formal supervision provided an opportunity for staff to receive support and guidance and to reflect on their practice. Job chats took place at intervals between formal supervision, this meant that there were regular opportunities for staff to be able to raise issues and seek support either on a one-to-one basis or within a group chat.

Staff said that managers were supportive and accessible. One staff member commented:

"The support we get from management is great, not only when they are here, but also out of hours."

There were many long-standing staff members, some who had worked at the service for more than 20 years. This meant that new staff could learn from peers who had a wealth of care experience.

Overall, staff were happy in their place of work and enjoyed the positive feedback they received from people who live there, management, and families and friends.

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 support people fully and meet all of their needs, care staff should be guided by the risk assessments and associated actions in care plans. To support the work of external health professionals, the inspection report for David Cargill House page 5 of 8, interaction with people in their rooms, should be evidenced in records. This should include meaningful activities.

This is consistent with the health and social care standards which state that: 'I am assessed by a qualified person, who involves other people and professionals as required' and, 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.13 and 1.15).

This area for improvement was made on 25 November 2020.

Action taken since then

We saw evidence of staff interacting with people in their rooms, and spoke with external professionals who told us they regularly liaise with staff and management within the care home. They told us that the staff team were very good at interacting with people who use the service, especially those who were less able to move around. We saw in personal support plans that meaningful activities had taken place that met the needs of individuals.

We saw that for those who were supported in their own room, there was regular positional change and skin care being provided, with pressure relieving equipment also in use.

This area for improvement has been met.

Previous area for improvement 2

In order for people to keep well, those who need support with hydration should have their needs assessed to determine their daily target fluid intake. Fluid intake should be accurately recorded and reviewed throughout and at the end of the day, to enable action to be taken to achieve the fluid intake target.

This is consistent with the health and social care standards which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 25 November 2020.

Action taken since then

We saw evidence in personal plans that regular assessments were carried out, and fluid intake charts were appropriately completed by setting targets and showing whether these targets were met. If targets were not met, then further review would take place as to why and how to rectify this.

This area for improvement has been met.

Previous area for improvement 3

In order to demonstrate that people receive their support by the right number of staff, the service should evidence more clearly the fluctuating needs of people, taking into account their social, environmental, and emotional needs.

This is consistent with the health and social care standards which state that: 'My needs are met by the right amount of people' and, 'I am supported and cared for sensitively by people who anticipate issues and are aware of the plan for any known vulnerability or frailty' (HSCS 3.15 and 3.18).

This area for improvement was made on 25 November 2020.

Action taken since then

Staffing levels were determined by regular assessment of people's needs and we saw evidence of assessment of all areas of need for individuals. We could see that this was regularly reviewed and discussed with other health professionals, family and friends.

This area of 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? | 5 - Very 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 | 5 - Very Good |
| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| How good is our staff team? | 5 - Very Good |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 5 - Very Good |

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