

Parksprings Care Home Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Countrywide Care Homes (3) Limited

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CS2013319182

About the service

Parksprings Care Home is owned by Countrywide Care Homes (3) Limited and provides care and support for up to 96 older people, with a range of physical and cognitive impairments. The home provides long-term residential care as well as short-term respite care.

The home is situated in a residential area of Motherwell and within close proximity to local shops and transport links. The service has five units, two of which were closed due to reduced occupancy. The home is purpose-built over two storeys with a passenger lift, providing access to the first floor. All bedrooms have en suite facilities.

The aims and objectives of the service is to provide care for all residents to a standard of excellence which embraces fundamental principles of good care practice.

At time of inspection, there were 62 people using the service.

About the inspection

This was an unannounced inspection which took place on 6, 7 and 8 February 2024. 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 seven people using the service and ten of their relatives
- Spoke with 12 staff and management
- Observed practice and daily life
- Reviewed documents
- Made contact by email with two visiting professionals.

Key messages

- To improve health and wellbeing for residents, the service must improve how they plan and organise activities across the home.
- There was a stable staff team within the service which meant that residents were being supported by staff who knew them well.
- Residents and their families told us they were happy with the support and the management of the home.
- The home improvement plan needed to be updated to include all action plans from scrutiny and quality assurance activities to ensure that resident's needs continued to be met.
- Critical repairs and renewals had been outstanding for some time which could impact on the safety of residents, staff and visitors.
- Care plan documentation needed to improve to ensure it was reflective of resident's health and wellbeing needs.
- Broken kitchen equipment and new food suppliers had resulted in restricted menu choices for residents which could impact on their health and wellbeing.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Residents told us they were happy with their care and support. Everyone knew each other and people appeared relaxed in the presence of staff. They told us, "Staff look after me", "the staff are lovely" and "I'm happy here."

Resident's forums had regularly taken place within each unit of the home. Records of these meetings had shown that residents had been asked what they thought of the activities, food and the environment. Along with positive comments, residents had put forward suggestions to make improvements to the menu and activities. However, there was no action plan created or any further information about whether these suggestions had been actioned. As a result, this could impact on resident's wellbeing if they feel they are not being listened to. This was feedback to management who assured us action plans will be created from resident's meetings.

Relatives had no concerns about the care their relative received and could visit when they wished. A few relatives were unsure if their family member had received a six-monthly review. However, relatives knew who to speak to if they had any comments or concerns to raise about care provided. Relatives' meetings were also happening regularly. This meant that the home were keeping relatives informed about what was happening in the home. . Relatives and staff had been involved in a fundraiser to raise money for defibrillators which would also be available to the local community therefore raising the profile of the home.

Opportunities for residents to participate in activities had been evident within communal areas of the home. The way residents spend their day should be meaningful and give a sense of purpose. However, there was no evidence of how resident's wishes, choices and preferences had shaped the activity timetable. The activity timetable was in place however, there was no information about engaging with residents who were unable to participate within group activities (links to requirement 1).

We carried out a more formal observation of activities and found a few residents had been sitting for long spells in the lounge either sleeping or with the television on. The service needs to provide opportunities for all residents to engage in meaningful activities as limited opportunities for social interaction will impact on their health and wellbeing (see requirement 1).

The dining experience was unhurried and relaxed. All residents had everything they needed at this time and were able to choose what they wished to eat. All residents appeared to enjoy their meal. There was a four-week rolling menu in place, however, this menu had not changed for some time. Broken kitchen equipment and new food suppliers had resulted in restricted menu choices for residents which could impact on their health and wellbeing (see requirement 2).

Daily recording sheets were being completed which showed that residents had been supported with their health and wellbeing needs. This included all aspects of personal hygiene, daily oral care, food and fluid charts, pressure care, shower water temperatures, continence records and repositioning charts (where appropriate). Each unit allocated staff daily to complete these records to ensure they were done so timeously.

To maintain resident's health and wellbeing, the home had effective infection prevention and control (IPC) practices in place. There were clear signs directing people to handwashing facilities, and reminders of the recommended technique to ensure good hand hygiene practices. There were IPC stations evenly distributed across the home with disposal bins. Staff training and observations had been completed. Staff had also completed a prevention infection workbook which enhanced IPC knowledge with quizzes and reflections on practice. IPC cleaning sheets were completed daily in alignment with the company's policy.

Communication about resident's changing needs was evident. There were tracking systems in place to ensure that residents were receiving the right care for them. However, information within care plans about residents' needs was not in alignment with recent evaluations of their care. Resident's may not receive the correct care and support if care plans are not reflective of their needs (links to Key Question 5, requirement 1).

Requirements

1. By 13 May 2024, the provider must review the way in which activities are organised and planned across the home. To do this, the provider must at a minimum:

- a) develop and plan person centred activity plans for residents based on their likes, dislikes, preferences and abilities
- b) provide a range of meaningful activities for all people living in the home.
- c) evaluate and record activities in a way which reflects the outcomes achieved as a result of the activities offered.

This is to comply with regulation 4 (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

2. By 13 May 2024, the provider must make improvements to food and nutrition provided. To do this the provider must at a minimum:

- a) ensure that all kitchen equipment required for the preparation and cooking of food is safe and in working order
- b) rotate menus in alignment with resident's dietary needs and preferences
- c) introduce menu's that residents have participated in planning
- d) ensure that all food stuffs required on menu's are available
- e) menus are presented in a format that resident's prefer.

This is to comply with regulation 4 (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The home benefited from a well-established staff team who worked well together and knew residents well. Staff turnover was minimal which meant the home had not been impacted by national staffing issues.

Management oversight of resident's health and wellbeing needs was effective. The manager had a digital system in place which tracked resident's changing needs, accidents, incidents and adult support and protection concerns. All information within the system, correlated with the paper tracking systems held within each unit.

There were areas of the environment that needed improved to reduce the risk to resident's health and wellbeing. There was no clear action plan to ensure the necessary repairs and upgrading were carried out (please see KQ 4 for more detail).

Mattress and cushion covers were being checked regularly. Actions that were identified through quality assurance audits had been completed at that time. We found mattresses and cushions to be clean and intact which reduced the risk of infection.

For continuous improvement to succeed, there needs to be specific, measurable, achievable, realistic and timely (SMART) action plans which feed into the home's service improvement plans. The overall service improvement plan was not up to date and did not contain areas of focus within the home that required immediate actioning (see area for improvement 1).

We acknowledged there were some areas of improvement that the service had clear action plans in place for. Staff meeting minutes showed discussions had taken place around areas for development and reflections of practice. Staff development was a focus area within the improvement plan which had shown that the management team were committed to ensuring that residents were being supported by a well-trained and competent workforce.

Staff training statistics showed high levels of compliance with all levels of mandatory training. However, there was no statistics for dementia skilled training which we would expect to be in place in alignment with the promoting excellence framework (Scottish Government 2021) (see area for improvement 2).

Areas for improvement

1. To support people's health and wellbeing, the provider should update their home improvement plan to ensure it includes all action plans from scrutiny and quality assurance activities.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

2. To provide staff with the necessary skills to supporting people who are living with dementia, the provider should ensure staff are trained to dementia skilled level.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which states 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).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Although the home was spacious and residents could move about freely, there were areas of the home that required urgent attention. Some communal areas needed redecoration and some flooring needed to be replaced. There was also broken equipment within the kitchen. The home had identified some of these areas within audits carried out last year, however nothing had been actioned yet. The health and safety of residents could be compromised if urgent repairs and renewals are not actioned (see requirement 1).

The home had communal spaces which residents could use when they wished. These spaces were bright with ample seating however, in some of these spaces there was no indication of the day, date or time which would be of benefit to residents who are living with dementia. Within the home's improvement plan, there was an action to revisit a dementia friendly environmental audit (*Kingsfund audit tool*), however, there was no more information about who would carry this out and when. It is important that the home is adapted and equipped to meet resident's needs (see area for improvement 1).

Requirements

1. By 13 May 2024, the provider must ensure residents and staff are kept safe by completing all critical repairs across the home. To do this the provider must:

- a) replace damaged flooring and fittings
- b) complete work required on fire doors
- c) redecorate areas of the home which residents utilise where décor has been damaged
- d) repair/clean external paving slabs and repair perimeter fence
- e) implement refurbishment and decoration plan that contains specific, measurable, achievable, realistic and timely (SMART) action plans which feeds into the home improvement plan
- f) create specific, measurable, achievable, realistic and timely (SMART) action plans from critical repairs that are identified through environmental and health and safety audits and ensure these feed into the home improvement plan.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

Areas for improvement

1. To improve the environment for people living with dementia, the provider should carry out a dementia environmental audit such as Kingsfund audit tool.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.'

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Care plans were in paper format and handwritten. They contained information about all aspects of resident's care and their preferred routines. Information about changes to health and wellbeing was within resident's running notes and discussed within handovers and clinical meetings. However, care plans did not appear to be reflective of resident's current needs. Evaluations were up to date however, care plans remained the same as they had been originally written.

Some care plans were not detailed enough particularly with how to support someone with their regular routines. Examples of this were how to support someone with their oral care or how to successfully de-escalate a situation when a resident was experiencing stress and distress. For instance, we found some guidance within stress and distress care plans was to offer reassurance however, this did not detail how to do this.

Daily running notes could also be improved upon to track resident's care as they were very brief. There were staff allocated to complete daily notes but if they were not present when the care was provided, there is a risk that essential information about resident's care is missed.

Inventories had also not been updated since resident's admission and some information was missing from do not attempt cardiopulmonary resuscitation (DNACPR). This had not been picked up within care plan audits which could impact on resident's health and wellbeing

Each resident had a named nurse and keyworker which ensured their health and wellbeing needs were being maintained. However, there had been recent changes to staffing within each unit which had not yet been updated within care plans. It is important that any changes regarding resident's points of contact is updated as soon as possible to ensure that there is no miscommunication regarding resident's health and wellbeing needs

Desired outcomes and aspirations for residents were not evident within their six-month reviews. Review meeting minutes were sparse and only detailed areas discussed which meant there was no information about resident's health and wellbeing. There were also no comments from the residents about what they thought about their care experience. There was no evidence that residents or their relatives had been involved with their care planning (see requirement 1).

Requirements

1. By 13 May 2024, the provider must ensure service users experience care and support which is consistent, safe, and meets their needs. To do this the provider must at a minimum ensure:

- a) care plans are fully audited to ensure that they are reflective of resident's needs and where there have been changes, care plans are updated to reflect this
- b) where gaps have been identified within care plans through quality assurance audits, specific, measurable, achievable, realistic and timely (SMART) action plans must be created and fed into home improvement plan
- c) the effectiveness of care provided is measured through feedback from residents and those important to them, observations of their care experiences, and other relevant evaluation and review processes, such as quality audits, external feedback and clinical governance reviews
- d) six monthly review record templates lend themselves to capturing the care experienced by residents and contain specific, measurable, achievable, realistic and timely (SMART) action plans with identified areas of improvement to people's outcomes
- e) all observations and care experienced within running notes is detailed and can be cross referenced as being accurate alongside care plans
- f) inventories are regularly evaluated to ensure they are reflective of resident's belongings
- g) there are clear guidelines with detailed actions on how to support people with all aspects of their care needs such as oral care and stress and distress.

This is to comply with Regulation 4(1) (a) (welfare of users) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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 ensure people's identified care needs are met, the provider should ensure accurate and timeous completion of daily care records. This should include, but not be limited to, food and fluid, pressure area care and personal hygiene records.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11 which states that: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

This area for improvement was made on 23 June 2022.

Action taken since then

Daily recording sheets were being completed which showed that residents had been supported with their health and wellbeing needs. This included all aspects of personal hygiene, daily oral care, food and fluid charts, pressure care, shower water temperatures, continence records and repositioning charts (where appropriate). Each unit allocated staff daily to complete these records to ensure they were done so timeously.

This area for improvement has been met.

Previous area for improvement 2

To ensure that people are supported by competent and skilled staff, the manager should ensure safe infection control practices are followed at all times. In doing so, there should be a clear record to demonstrate actions taken where there are indications of poor infection control practice and where required, this information should help inform training needs. Where staff poor practice is observed by staff, this should be immediately challenged and addressed with the person.

This is in order to ensure that care and support is consistent with Health and Social Care Standard 3.14 which states 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'

This area for improvement was made on 23 June 2022.

Action taken since then

To maintain resident's health and wellbeing, the home had effective infection prevention and control (IPC) practices in place. There were clear signs directing people to handwashing facilities, and reminders of the recommended technique to ensure good hand hygiene practices. There were IPC stations evenly distributed across the home with disposal bins. Staff training and observations had been completed. Staff had also completed a prevention infection workbook which enhanced IPC knowledge with quizzes and reflections on practice. IPC cleaning sheets were completed daily in alignment with the company's policy.

This area for improvement has been met.

Previous area for improvement 3

The service should undertake an audit of all mattresses and cushions and their covers within the home, to make sure they are all adequately clean and able to withstand effective cleaning processes. Where issues or concerns are identified following environmental checks, there should be a clear record of any action(s) taken. An audit should also be undertaken within the Dalziel unit to determine the source of malodour.

This ensures care and support is consistent with the Health and Social Care Standard 5.22 which states 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'.

This area for improvement was made on 23 June 2022.

Action taken since then

Mattress and cushion covers were being checked regularly. Actions that were identified through quality assurance audits had been completed at that time. We found mattresses and cushions to be clean and intact which reduced the risk of infection.

This area for improvement has been met.

Previous area for improvement 4

The Home Development Plan should be developed to include ways in which the service aimed to improve and maintain a quality service for residents, staff and visitors.

This ensures care and support is consistent with the Health and Social Care Standard 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

This area for improvement was made on 23 June 2022.

Action taken since then

The home had been collating questionnaires from residents, their families and staff about how well they had been doing. They also had a 'you said, we did' notice board in reception which detailed areas the home had improved on using the information gathered from questionnaires. This information was part of the home's improvement plan specifically developed to deal with staffing and residents/relatives' feedback. This improvement plan did not include other areas of the home which were not part of the questionnaires such as improvements to the environment.

There was a separate home improvement plan which contained this detail. The manager assured us that these separate plans will become amalgamated so that all areas the home which require improvement, sit together.

This area for improvement has been met.

Complaints

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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