

Collisdene Care Centre Care Home Service

126/128 Glasgow Road
Strathaven
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Type of inspection:
Unannounced

Completed on:
25 March 2024

Service provided by:
Canterbury Care Homes Limited

Service provider number:
SP2005007835

Service no:
CS2006137442

About the service

Collisdene Care Centre is situated in the town of Strathaven, South Lanarkshire and is within easy access to local amenities and transport links.

The provider is Canterbury Care Homes Limited and is registered to provide a care service to a maximum of 40 people. This includes 10 older people, 26 adults with learning disabilities and four adults with physical and sensory impairment. The provider has changed the maximum number of people the service supports, to 27, there were 27 people living in the home at the time of the inspection. The primary focus in all three units is now supporting adults who have a learning disability. The provider should apply for a variation to their registration certificate to accurately reflect the service provided.

The home is split into three small, separate units over two levels, with a passenger lift available for residents with restricted mobility. Each unit has a communal lounge, kitchen and dining facilities. 21 of the bedrooms have ensuite facilities. There is a spacious activity room, small family room and outside garden areas for residents and visitors to use.

About the inspection

The inspection was unannounced and took place on the 22 and 23 March 2024. The inspection was carried out by two Inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the 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 who live in the service and two relatives
- spoke with 12 members of staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People who lived in the service told us they were happy in the home.
- Staff were kind, caring and knew the people they supported well.
- The provider's refurbishment programme was on-going, people in the service had input.
- Relatives told us their family member were regularly involved in activities.
- There were a number of innovative activities within the home.
- The provider must ensure robust building safety checks are put in place.
- Analysis of accidents and incidents should be improved within care plans.
- Support and supervision arrangements for laundry and domestic staff should be improved.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

4 - Good

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

We observed warm and friendly interactions between staff and people who live in the service. People told us that all the staff were nice and helpful. The main outcome from this was people were happy living in the home. Relatives we spoke with commented they were made to feel welcome, and could speak to any staff for information. One relative told us when entering the building it felt "like coming into a family home."

People were encouraged to express their views. There were regular resident meetings where people who live in the service were asked what they think about a full range of topics to do with the service they receive. There were photographic displays in each unit with, "you said we did," posters reminding people that the service responded to suggestions they made.

There was a good range of innovative activities organised within the home. The service celebrates achievements within the activities with graduation ceremonies and grading presentations showing many of the people who live in the service involved. There were photographs showing residents in their Taekwondo uniforms receiving their belts, and SQA award certificates in French and Italian, also congratulations letters from their local member of parliament. People took pleasure in showing us their photographs and the outcome was they felt happy and proud of their achievements. A family member told us they couldn't believe how much their relative participated in group activities since moving in, as they had been very insular previously.

The service has gathered information about appropriate college opportunities and planned to support people to attend courses if they wished. This could help people broaden their horizons and become more independent. We shared ideas with the activities co-ordinator regarding external groups the service could link with for support in developing opportunities for individuals. She agreed to make these contacts.

The service aims and objectives reflect a person centred approach meaning that they strive to offer people as individualised support as possible within a group living environment. Additional training around positive behaviour support and person centred planning would support this approach. This is discussed more under key question five.

People were encouraged to think about healthy lifestyle choices with healthy eating and exercise groups established. The provider had reviewed the menus offered and reduced the frequency of when high calorie options were offered. This service has to maintain this support and encourage healthier snacking as people continue to buy themselves unhealthy treats which can lead to weight problems.

People had good input into menu planning, it was something discussed frequently at resident meetings. The cook regularly speaks to people about their preferences. While a common sense approach was adopted to menus to try to offer a healthy balance, in a care home setting it is good practice to either use nutritional guidance to work out nutritional content when menu planning or have the menu approved by a qualified dietician. (See Area for improvement one).

People were supported to remain as well as possible by having their health needs regularly monitored. The service was good at identifying changing health conditions. This was important to help reduce the need for unplanned hospital admissions. The provider monitors health trends using an online portal. We saw examples where this led to improved health outcomes. While the service was good at monitoring changing health conditions there was scope to improve the analysis of the information captured. This is discussed further under key question five.

To support people to maintain good health the service linked well with appropriate community health professionals. We saw records of people being supported to see a wide range of health specialists. People were also supported to maintain good health through robust systems for administering medication. This included regular internal and external medication audits. We observed medication rounds and were satisfied this was being carried out safely.

Areas for improvement

1. Menus should be nutritionally balanced to support people's health and wellbeing. Good practice recommends the nutritional balance of menus is confirmed either by a qualified dietician or by following best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. While strengths had a positive impact on improvement, key areas had to improve.

Services should have a culture of continuous improvement to ensure people they support continue to live as full a life as possible. The provider had good quality assurance structures in place which found similar areas for improvement to those which we identified. It was unclear though how they planned to address these issues. Without a clear vision on how improvements can be made, they won't be. Which could be detrimental to people living in the service. For example improving care plans was also a key message in the last inspection report from July 2022.

To support continuous improvement the service should create a service development (or improvement) plan. This should consider issues identified in quality assurance audits and feedback from people who use the service, relatives and staff. A good plan considers what the priorities are and applies SMART (specific, measurable, achievable, relevant and time-bound) principles for recording how they will be met. (See area for improvement one.)

People living in the service should have confidence staff who support them are well led. Most staff we spoke with said that they could approach their line manager for advice and support if they needed this. Team meetings had restarted under the peripatetic manager, these meetings would benefit from considering SMART principles to address the issues that were raised. This would make it easier to assign responsibility for taking action points forward and monitor the progress being made, which would be a more effective way to embed improvements. (See area for improvement two)

The provider's complaint policy was comprehensive, however it was not always strictly followed and where this was the case the reasons were not clearly documented. Ensuring complaint investigations have followed set procedures, should be checked as part of quality assurance. (See area for improvement three)

People have a right to live in a care setting where the overall size and composition of that group is right for them. This means that providers' must assess very carefully the support needs of people interested in moving into the service to ensure they will fit with the existing group dynamics. This is to minimise the chance that placements break down or upset for people already living in the service. This was an area management recognised and they now need to embed a robust pre-admission assessment.

Areas for improvement

1.

To ensure people benefit from a culture of continuous improvement the provider should develop a service improvement plan for Collisdene Care Centre. The plan should utilise SMART principles.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: " I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.." (HSCS 4.19)

2. To ensure people benefit from a culture of continuous improvement, action points from team meetings should adhere to SMART principles to make monitoring and accountability for progress easier.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: " I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.." (HSCS 4.19)

3.

To assure people who use the service that any concerns received are fully investigated, the provider should quality assure the response to any complaint received to ensure it is in line with the provider's policy.

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

We evaluated this key question as adequate, where strengths just outweighed weaknesses. While strengths had a positive impact improvement, key areas had to improve.

People should be able to have confidence that the staff who support them have been appropriately and safely recruited. The provider had a system in place to support this process, however there were some gaps which the service should tighten up on. For example; ensuring they record that discussions took place to explain gaps in employment history, or where an employer reference is sent from a personal e-mail address. Depending on the candidates response the service should consider remedial action. (See area for improvement one)

It is important for the people who use the service that staff know about them and understand their needs. New staff were supported when they start by having several supernumerary shifts. This gave staff the chance to get to know people who live in the service and the expectations of their role. This was good practice. People who live in the service spoke highly of staff and looked comfortable in their company. The service had required to use agency staff who did not get this level of supernumerary support however staff and management told us agency use had reduced meaning most staff new people well.

People who live in the service should have confidence that the people who support them are trained, competent and skilled in their role. In addition to supernumerary shifts new staff have an induction checklist to go through to ensure they are competent to fulfil their duties. While a lot of information was covered in this, we saw inductions where everything was signed off on the first day. Information and training should be prioritised and spread out over the course of induction to ensure staff have time to absorb information and demonstrate their competence. Management were positive this was a clerical error but it is something they should monitor.

In order to keep people safe, staff should be trained for the role and tasks they perform. Staff have access to online training and there was a high level of compliance in all mandatory training, as well as person specific training, and practical in person training. As a result people could have confidence staff understood how to support their health and well-being. The provider's training system alerts management if staff are overdue training, with staff being sent reminder e-mails to complete the online training.

The service had brought in an outside training company to ensure a sufficient number of staff were trained in the administration of Buccal Midazolam. Among the staff trained were staff who were not registered with the Scottish Social Services Council (SSSC) or the Nursing and Midwifery Council (NMC). While there had not been the need to put this training into practice, we advised the manager only staff trained and registered with the SSSC or NMC could support someone with this. The service should ensure staff are not in a position where they are expected to carry out support out-with their remit. The manager agreed to ensure this did not happen.

Areas for improvement

1. The service should ensure that their recruitment process follows safer recruitment practice by tightening up current practice. This includes checking references have come from previous employers, gaps in work history are explained and right to work is established for any staff without a UK passport.

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

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. While strengths had a positive impact, key areas had to improve.

People should live in a homely environment, people who lived in the service and their relatives told us this is how the home felt to them. Bedrooms were personalised to individuals' taste and people told us they were happy and comfortable in their rooms. The home has an on-going refurbishment programme and many of the individual rooms and communal areas were bright and welcoming.

The environment people live in should be clean, in general this is what we found. Several staff however told us that there were times when they ran out of cleaning products and gloves. We were told this had been reported to the office several times. Management explained they were changing the ordering system to address this issue, but it appears to have taken some time to do this.

Domestic and laundry staff did not have a supervisor to coordinate and support them. This was currently done by management. However audits identified gaps in cleaning records and some staff said they noted a decline in standards of cleanliness in the home and in the laundry. We observed laundry management, below expected standards, with continence products ending up in washing machines. To ensure people experience a high quality environment which complies with expected standards in infection prevention and control, the provider must improve cleaning and laundry management. (See requirement one)

People should live in an environment which is safe and secure. We were concerned that a ceiling in a room used for storage had been damaged by water, had not been repaired and had not been identified by standard maintenance checks. This indicated routine building checks need to be more robust to include all rooms and cupboards, used or unused, to ensure concerns can be identified and appropriate action taken. (See requirement two.)

The provider had other satisfactory maintenance checks in place to keep people safe such as service contracts for machinery and equipment so that people were not at risk of harm from the breakdown of equipment within the home. Other checks such as legionella checks and fire alarm testing were carried out routinely.

People should be able to enjoy a meal in as relaxed an atmosphere as possible. We observed some meal times which were well managed and clearly enjoyed by the people in the dining rooms. We also observed a

meal time experience which was quite noisy and tense. The service should continue to monitor meal time experiences and try adjustments where appropriate, for example; whether seating arrangements could make a difference, or whether music is on or off, to ensure people get the most out of their meal time experience.

Requirements

1.

By 5 April 2024, the provider must notify the Care Inspectorate that they have improved management arrangements for the oversight of domestic and laundry management. To do this, at a minimum, the provider must evidence that:

- a) They have improved arrangements for ordering domestic cleaning and laundry products so they do not run out of stock.
- b) They have reviewed arrangements for the disposal of continence products to ensure they are disposed of safely to avoid contaminating laundry.
- c) They have improved management support arrangements for laundry and domestic staff.

This is to comply with Regulation 4 (1) (a) (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: " My environment is secure and safe." (HSCS 5.17)

This is also to comply with the standards contained within the National Infection Prevention and Control Manual (NIPCM).

2. By 5 April 2024, the provider must notify the Care Inspectorate that they have completed an initial walk round inspection of the home. This must include all rooms and cupboards to check for signs of water ingress, which may impact the health and safety of people in the home. Appropriate action should be taken promptly to reduce any risks identified. The provider should also confirm that regular maintenance checks will be expanded to cover every room and cupboard.

This is to comply with Regulation 10 (2) (b)(Fitness of Premises) of the 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: " My environment is secure and safe." (HSCS 5.17)

Areas for improvement

1. People should live in a clean, hygienic environment. To support this the provider should review support arrangements for domestic and laundry staff to ensure they have the correct training and equipment to perform their duties within the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. While strengths had a positive impact, key areas had to improve.

We saw some good examples within care plans of the service working with multi-disciplinary colleagues to agree the best way to support individuals. We noted one meeting where a psychiatrist suggested staff were not offering PRN in line with the protocol. We found some protocols were had been designed by external professionals were generalised for behaviour management and non-specific to individuals support needs. This would make it hard for staff to follow. Which suggests further discussions around strategies and PRN protocols with external professionals would be beneficial for staff to support people with their emotions.

People should receive support from a service which makes improvement based on lessons learnt. We saw sparse analysis within care plans following incidents and accidents, this makes it harder to reduce the number which happen. We note the provider also identified this in quarterly quality audits. The provider should make developing analysis of incidents and accidents an area within their improvement plan. This will help by giving a clear structure for actions needed and who will be responsible for carrying them out. (See area for improvement one).

Care plans should guide staff on how individuals express themselves. Care plans did this but despite some people being non-verbal no one in the home currently uses a communication aid. The service should consider as part of care reviews, if a referral to speech and language for communication support would be beneficial. This is in recognition that technology may have progressed since individuals were last assessed. We saw that the service had been innovative in bringing in Makaton trainers to work with people who use the service.

People were encouraged to be as active in everyday life as possible. There were very good activities that supported this and the recording of people's interests within care plans around activities had improved since the last inspection. We offered suggestions for external organisations which could help expand social opportunities for people. The activities organiser agreed to follow this up.

People who needed assistance to manage their finances and personal affairs were supported in a way which safeguarded their interests. Records were kept where legal processes were in place to support people. This ensured families were appropriately consulted and their opinions recorded and people who lived in the service had their rights respected.

Personal plans should set out how individuals needs will be met. In general care plans gave a clear guide to staff about what routines and care needs individuals had. To develop more individualised care plans the service incorporated Person-Centred Planning (PCP) paperwork within care plans. These were being used to mixed effect, which suggested further training was required. These plans should be written collaboratively with people who know the individual well. When used well, PCP's should be positive and staff should gain new insight into the people they support.

Where we saw Positive Behavioural Support plans in place these could also be developed to include the current environment, i.e. how individual behaviour can best be supported in a group living situation. There was also no evidence of reflective discussions or follow up with the individual or staff to debrief after an incident had occurred. The provider should look to incorporate reflective accounts following incidents. We signposted the provider to web sites and organisations which may support this.

Areas for improvement

1. People should be supported by a service that continuously looks for improvement. The provider should ensure that analysis is undertaken of incidents and accidents to inform the delivery of care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

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

1. To ensure people feel valued and their views and choices respected, the provider should look at ways to engage with people which is relevant to individuals' level of knowledge and understanding. Any suggestions/requests from consultation should be recorded within an action plan and updated until concluded to ensure positive outcomes.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS2.11).

This area for improvement was made on 14 July 2022.

Action taken since then

There was evidence of regular resident meetings in each of the three units led by the activity organiser. If people did not wish to be part of the larger group the activity organiser would meet with them in their own room and use adapted templates to gather their opinions. There was photographic evidence in each unit using simple "You said, we did" posters to capture outcomes from feedback. Minutes of meetings also captured people's opinions on a range of topics.

This area for improvement has been met.

Previous area for improvement 2

The provider should ensure that a range of meaningful activities are available for everyone living in the home. Account should be taken of the abilities and preferences of the individual with particular reference to people living with dementia and learning disabilities.

Relevant training and development should be offered to the staff members who provide activities.

This is to ensure 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." (HSCS 1.25).

This area for improvement was made on 14 July 2022.

Action taken since then

The home had appointed a new activity organiser following the last inspection. The organiser had won awards for meaningful activity with Scottish Care and had been involved with the CAPA programme (care about physical activity) developed by the Care Inspectorate and the NHS. The activity organiser's influence was clear. A number of innovative activity programmes were set up and the home had photographs celebrating people's achievements.

This area for improvement has been met.

Previous area for improvement 3

To ensure people's health and well-being is maintained the provider should ensure residents have access to the relevant health screening and support including an exercise and healthy eating support plan. Staff should receive the relevant training and development opportunities in order to support a healthy eating programme and encourage a healthier lifestyle in individuals who are at risk due to lack of exercise and weight gain.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: "I am supported to make informed lifestyle choices affecting my health and wellbeing, and I am helped to use relevant screening and healthcare services (HSCS 1.28).

This area for improvement was made on 14 July 2022.

Action taken since then

Staff had completed relevant on-line training courses on learning disabilities and autism to support their understanding of the people they supported.

There was evidence that people were supported to attend a range of health appointments and that various health professionals visited people within the home.

A healthy eating group was set up with staff and people who live in the service to support a healthier eating programme and various exercise groups, such as walking groups and taekwondo encouraged physical activity.

This area for improvement has been met.

Previous area for improvement 4

To ensure the service can support peoples' social and recreational needs the provider should review and assess the level of need for every resident. The results of this should be used to calculate the number of staff needed to ensure that each person is able to receive some level of stimulation that is meaningful to them.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My needs are met by the right number of people ' (HSCS 3.15).

This area for improvement was made on 14 July 2022.

Action taken since then

The service has reviewed their dependency levels for everyone who lives within the service and this had staff time attributable to a range of tasks. What we observed and the feedback we received indicates everyone within the service has access to social and recreational activities.

This area for improvement has been met.

Previous area for improvement 5

To ensure the service can support people's health care needs appropriately the manager should ensure that staff receive training in areas that are relevant to this service in order to appropriately support individual need.

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

This area for improvement was made on 14 July 2022.

Action taken since then

The provider has added to their e-learning system modules on learning disability and autism on top of existing e-learning courses. The completion rate of e-modules was high.

Additional training on person centred planning and positive behavioural support would support staff development in their understanding of the people they support. We signposted the service to relevant on-

line resources and organisations which may be able to support further training. This is discussed under key question five.

This area for improvement has been met.

Previous area for improvement 6

To ensure the service can support people's needs appropriately the manager should ensure that staff have access to best practice guidance relevant to the healthcare needs of the people using this service. Additional guidance and support will improve the information recorded particularly when supporting people through increased levels of distress and anxiety.

More detail in the anticipatory care plans will ensure people's choice and wishes are recorded should their health deteriorate.

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

This area for improvement was made on 14 July 2022.

Action taken since then

The service had established good links with community health care; psychological and psychiatric services guidance was available within care plans. We thought there was scope to use these links to develop clearer guidance within positive behavioural support plans which we discuss in this report under key question five.

Information within anticipatory care plans was limited but it was recorded people had been asked what their wishes were and they did not wish to discuss at present. This should be reviewed with the individual and their family periodically.

This area for improvement was 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing 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
3.1 Staff have been recruited well	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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