

12 Carronhall Care Home Service

12 Carronhall
Stonehaven
AB39 2QF

Telephone: 01569 767 207

Type of inspection:
Unannounced

Completed on:
18 April 2024

Service provided by:
Inspire (Partnership Through Life) Ltd

Service provider number:
SP2003000031

Service no:
CS2003000319

About the service

12 Carronhall is a domestic type property with four single occupancy bedrooms. The property is situated in a quiet residential area in the North East town of Stonehaven. The service is close to local amenities.

Inspire, the Provider organisation had merged with Community Integrated Care who will become the Provider. The statement of purpose had not changed which was "to support people in a variety of settings, from enabling individuals and their families to plan for current and future support needs using person-centred planning, to providing self-directed support to help people achieve their chosen outcomes".

The service has been registered since 1 April 2002.

About the inspection

This was an unannounced inspection which took place on 16 and 17 April 2024. 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 three people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The home was bright and spacious, providing comfortable living accommodation for people.
- Some refurbishments in the home such as a new kitchen and shower room enhanced the quality of facilities for people.
- Staff practice should reflect the guidance within National Infection prevention and Control Manual in relation to hand hygiene.
- People were welcoming and appeared happy in their home and with the staff.
- Staff knew people well and maximised the time they spent with people.
- Care and support plans needed to be updated to ensure information was current and complete.
- Minutes of review meetings should be available to the person and to staff to enable actions to be progressed.

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
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

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

People were treated with compassion, dignity and respect. We observed warm and compassionate relationships between people and the staff supporting them. This helped people to express their needs and make choices about their care. Staff demonstrated a good knowledge of the health and social care standards in their day-to-day work which helped to promote people's rights.

People's support should promote their independence where possible. It was positive to see that people were being supported to make meals, snacks and drinks and appropriate plans and assessments were in place to encourage their participation in other household chores.

People's health and wellbeing benefited from their care and support. There was generally good information about people's needs and any conditions that might impact on their wellbeing. Whilst up to date information was available, not all plans had been updated to reflect this. This could impact negatively on outcomes for people. The managers were addressing this during the inspection (see How well is our care and support planned?).

People had access to a range of other professionals that helped to ensure their health and wellbeing was regularly assessed and that they could access advice or treatment when it was needed. We would recommend that the manager considers additional assessment tools to help inform assessments and care plans. For example, a multifactorial falls risk assessment is good practice to help identify risk factors for people and to inform care plans. This can also help maintain and encourage people's mobility and independence. The Provider is introducing an electronic care planning database which includes these tools.

People should be fully involved in reviewing their care and support and their views should be reflected in minutes and in how decisions are made. There was good information recorded about what support people required to make decisions and who could help them. The review minutes we did see included some good details about achievements, choices, wishes and changes. Outcomes agreed however had not been added to care plans and previous outcomes or goals had not been informed with any progress - this made it difficult to confirm how people's views were informing their care and support.

People enjoyed a range of activities and opportunities. We observed that people were enjoying various activities in the house during our visit. This created a lively and happy atmosphere that added to the warm, homely feeling in the house. Work placements were supported and people were regularly out for lunch, shopping and for walks amongst other things. Care plans required to be updated however as these continued to reflect the impact of the pandemic on opportunities.

Maintaining contact with families and friends was important. Circles of support described who was important to people and important family events throughout the year were also recorded. Activities were arranged that were purposeful, that were fun and that promoted relationships with friends and family.

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.

Leaders at all levels should have a robust and clear understanding of their role in monitoring practice and identifying, directing and supporting improvement activities. Since our last inspection, Inspire had merged with Community Integrated Care who had become the overall provider. The service was therefore in a period of change whilst new systems and processes were introduced that contribute to the regular evaluation and improvement in the service. We highlighted some areas where improvements were required that should have been identified through robust quality assurance. For example, information within care plans that was out of date, review minutes that should have been available in files but could not be located and breaches in hand hygiene practice.

It is important that people and their representatives have regular opportunities to discuss their care and support as well as wider elements of the service. We saw that people were supported to prepare for formal reviews through pre review discussions with their key workers. This helped to capture their views in a less formal setting. Whilst regular reviews were taking place, the minutes of discussions and agreements were not readily available. It is essential that there are records of discussions available to ensure that relevant actions are taken that reflect people's views and feedback.

People were involved and supported to provide their views and express their preferences through regular tenant meetings. This provided a forum for people to have their say about household decisions and routines.

Observations of staff practice can help to assess learning and competence. Previous observations had taken place for hand hygiene and the use of personal protective equipment, however these had not continued. We observed breaches in hand hygiene that did not reflect the current guidance in the Care Home Infection Prevention and Control Manual. This increased the risk of infection for people. It would be good practice to have a plan for regular observations, the outcomes of which can be discussed through staff support and team meetings. This would provide opportunities to review staff training to ensure their development needs are being met **(see area for improvement 1)**.

A service development and improvement plan had been developed. This plan however required to be updated. We recommended this continues to be developed as a dynamic tool that is regularly discussed, reviewed and updated and reflects the views of people.

Areas for improvement

1. In order to ensure that staff knowledge is up to date and informs their practice, the manager should:

- ensure that staff have knowledge of the Care Home Infection Prevention and Control Manual.
- introduce regular observations of staff to help ensure good standards of hygiene are being maintained.

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

How good is our staff team?

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 was sufficient staff available to meet peoples needs. Staff rotas reflected that staffing levels were planned consistently across the week. Staff were available in the right numbers to meet people's basic needs but also to plan and enjoy activities and outings which helped people to get the most out of life. There was a contingency plan in place that described actions to be taken in the event of unexpected situations such as extreme weather or short notice sickness.

The Provider should consider how they record the assessment for staffing based upon the overall evaluation of the care service, its physical environment and local context. The views and well-being of staff are key factors when assessing staffing. In addition, the views of people who use the service and their families is also important. We saw that information had been gathered about how this could be achieved with people but we did not see the outcome of this. This is an area for the manager to consider.

Staff maximised the time they had to spend as much time with people who used the service as possible. This provided care and support that included natural but meaningful conversations and interactions with people. This added to the warm and homely atmosphere within the home.

Staff worked well together and understood their roles and responsibilities. A shift handover record was maintained which helped to highlight and plan tasks and to manage any appointments and activities.

Staff had opportunities to express their views through regular team meetings. The minutes of meetings seen were brief and could be improved by reflecting the views of staff and how these contribute to the overall assessment of staffing.

How good is our setting?

4 - Good

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

People living at Carronhall benefitted from a home that is warm, comfortable and welcoming. The home is filled with natural light and spacious rooms. The home has recently been enhanced with a new kitchen and utility room and a refitted shower room. This has made these rooms much more pleasant for people to use.

People had lovely spacious rooms that reflected their personalities and preferences. These were comfortable private areas for people to spend time if they chose to. Communal areas were bright and spacious which supported people to enjoy time together.

All staff were aware of environmental cleaning schedules and took responsibility for the overall cleanliness in the environment. Where appropriate, people who lived in the home were also involved. There were easy read signs to remind people when and how to wash their hands which helped to maintain a level of hygiene. There were some minor issues that required attention to help ensure cleanliness was maintained and we highlighted these through the inspection.

People could expect that their home would be well maintained. We saw that there was a system in place for reporting any repairs or defects and regular servicing and maintenance of systems such as gas and electrical appliances and systems in place to maintain safe water supplies.

People should have opportunities to express their views about the service. Whilst we saw that there had been tenant meetings, we did not see any consultation about the recent refurbishments or how this was planned. This was a missed opportunity for the Provider to demonstrate how well they involve people in decisions about their home.

How well is our care and support planned?

4 - Good

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

Personal plans reflected people's rights, choices and wishes. They were person-centred and included information on people's preferences for maintaining contact, the supports needed to achieve this with those important to them, and ways they can remain active and engaged.

There was a range of information within care and support plans that described the regular support people required and needed. Where people's needs had changed and presented a short-term support/care need, this information was not always evident in care plans. The information was available however the reader would need to read the daily notes and medical consultations to gain full information which could lead to miscommunication impacting on people's care and support.

The care plan should describe how people's health, welfare and safety needs will be met. This plan must be reviewed as a minimum every six months. Whilst we saw that reviews were taking place, the information in the minutes of these reviews did not always reflect the care plan or inform changes and updates. In addition, review minutes were not readily available within files for people to refer to. This could result in people's views and preferences not being reflected in their care plan.

Whilst we acknowledge that the provider was introducing an electronic care planning system, the current care plans were in need of updating and adding to with some significant areas presenting risks to people. As previously reported, this was being addressed during the inspection however, we have made an area for improvement about care plans (**see area for improvement 1**).

Areas for improvement

1. In order to ensure people's needs are met, the provider should ensure that:

- people have personal plans that describe what support they require and how this will be provided.
- that there is a minute of formal reviews and discussions and that these are stored safely and are available to relevant people for reference

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

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

Requirements

Requirement 1

By 31 December 2023, the provider must ensure that the premises are of sound construction and kept in a good state of repair, externally and internally, and is decorated and maintained to a standard appropriate for the care service. Furthermore, the provider must;

- provide the Care Inspectorate with an overall environmental improvement plan laying out in detail works required and expected completion dates.
- the provider must provide the Care Inspectorate with, at a minimum, monthly progress reports of environmental improvements.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) 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 states that: 'My environment is secure and safe' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

This requirement was made on 16 April 2024.

Action taken on previous requirement

The Provider had worked with the landlord to produce a comprehensive refurbishment plan. The plan addressed the areas of concerns highlighted at the previous inspection and we saw how the environment had improved.

The Care Inspectorate were provided with monthly updates and the work had been completed.

Met - within timescales

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	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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