

Argyll House Nursing Home Care Home Service

69 North Hamilton Street
Kilmarnock
KA1 2QJ

Telephone: 01563 520 864

Type of inspection:
Unannounced

Completed on:
29 May 2024

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2007164138

About the service

Argyll House is registered to provide a care home service to 32 older people. At the time of this inspection, there were 30 residents living at the home. The service provider is Mansfield Care Limited.

Argyll House is situated close to the main town centre of Kilmarnock, East Ayrshire. The home has access to local shops and amenities, including train and bus routes. There is on street parking outside the home.

Argyll House is a converted villa with a purpose-built extension. Accommodation is spread across three floors which can be accessed by a passenger lift or stairs. Twenty-one rooms benefit from en-suite toilet and bathing facilities. The rest of the bedrooms have neither en-suite toilet or bathing facilities; however, shared bathroom facilities are available throughout the home.

There are communal lounges and a communal dining room within the home. There is an enclosed garden at the rear of the property.

About the inspection

This was an unannounced inspection which took place on 27 and 28 May 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 10 people using the service and six of their family members
- spoke with staff and management
- received 17 questionnaires
- observed practice and daily life
- reviewed documents

Key messages

We saw warm and caring relationships between residents and the staff team.

Access to meaningful activities and social opportunities could be improved.

A new manager had introduced positive changes to the care home.

Peoples care needs were being supported by staff teams who worked well together.

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.

We saw friendly and caring staff. People were well presented, and we saw that staff took care to support people with their personal appearance. This promoted people's dignity. People were being offered choices by staff about how their daily life was being supported.

Currently the service had a part time activity worker. We noted that meaningful activities were taking place when the activity worker was on duty. However, the remainder of the time access to meaningful activities was limited. Care staff were allocated to support people with some meaningful activities, but this was inconsistent. People living in the home and their relatives commented that there were not enough activities to interest people. One person said, "A lot of current activities are team based and I am not a team player".

We observed that staff engagement was focused on tasks and that there were missed opportunities to engage with people. Staff tended to chat with people who could respond to them. This resulted in people who were living with dementia or were less able to engage verbally being left out. This could leave people feeling isolated or lonely.

(See area for improvement 1.)

We saw the management and staff teams worked hard to ensure that mealtimes were consistently well managed and an enjoyable experience for people. Staff knew people's dietary needs and preferences. People who needed support to eat and drink were assisted at their own pace. This helped support people's health needs through maintaining good nutrition and hydration. People commented the food choices were good and that they could get an alternative if they did not like what was on the menu.

Nursing staff were knowledgeable about who to call on for support and advice regarding people's health needs. Records showed the contact made with healthcare professionals. We saw that they were called promptly for advice and support when people became unwell. The outcomes of advice and changes to treatment were reflected into care plans. Changes in people health were discussed at shift handover and daily meetings. Family members commented staff kept them up to date with any changes in their relative's health.

Personal plans were up to date which helped to guide staff about the agreed care for the person and ensured a consistent approach. Risk assessments were up to date and reflected into plans of care. This helped to safeguard people from harm. There was a good overview of the management of clinical issues and how risks were being minimised. There were systems in place to ensure that clinical issues were regularly discussed, and plans of care updated. This ensured good outcomes for people's healthcare.

Medication was being managed in line with current guidance. Staff involved in medication management were aware of how best to administer medication to each person. Spot checks on stock and a quality audit were in place to ensure medication management was consistently good.

There was a need to review guidance for staff regarding administering medication prescribed 'as needed.' This would ensure that people were safeguarded and received prescribed medication as directed.

(See area for improvement 2.)

Areas for improvement

1. The provider should improve staff skills regarding dementia care and improve support for people to lead an active life by participating in a range of recreational and social activities.

To do this, the provider should,

a) enhance the the range and access to meaningful activities linked to individuals' preferences and that provides stimulation and validation

b) develop links with the local community

c) support staff to improve their skills but accessing Promoting Excellence Framework for dementia care training.

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, both indoors and outdoors'. (HSCS 1.25).

'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).

2. To support people's healthcare needs effectively the provider should ensure medication prescribed to be given 'as needed' is regularly reviewed and up to date protocols are in place to guide staff.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

'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 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.

The management team were visible and actively guiding staff to provide good standards of care and support. People we spoke with commented that the management team were approachable and listened to concerns.

The views of people were being gathered through meetings. There were minutes of what was discussed at meeting the comments and suggestions from people were starting to be reflected into the central service action plan. This would assure people that their views were being listened to and acted upon.

People we spoke with knew how to raise a concern and who they could speak with. We saw that complaints were managed in line with policy and procedure.

A new quality assurance system had been introduced. There were a range of audits in place to assess the quality-of-service provision. Including healthcare, staff training and performance and the environment of the home. Any issues identified through audits were being detailed in a central service action plan to drive improvement and support better outcomes for people. The quality assurance system was in its first month of use. We will monitor how it supports improving outcomes for people at the next inspection.

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.

People we talked with during the inspection spoke highly of the skills of staff and the care they gave. They described staff as kind and hard working. People told us,

"They are a nice bunch who are doing a good job"

"I find them to be friendly and willing to answer any queries."

We saw enthusiastic and cheerful staff who were working hard to ensure the best of care for the people they support.

Staff told us they feel supported, staff we spoke with said that Argyll House was a good place to work. We saw good teamwork with staff working well together. There were good communication pathways in place which ensured that staff were kept up to date with any changes daily. This helped to support good outcomes for people.

Recently, new staff have been recruited to the team. We saw that new staff were being supported through an induction programme to become familiar with their role and responsibilities. They told us that they felt supported by the management team and their peers. This ensured that people were being supported by staff who had the skills and knowledge to deliver good standards of care.

The service uses a dependency tool to inform staffing levels. This helps to ensure that there are sufficient staff day to day to meet peoples care needs. We saw that people's needs were being supported well and that staff were responsive and attentive. The care teams were effectively deployed and directed. This ensured that people were receiving the care they needed to support their needs.

A key working system was being introduced. This would help to support staff learning and development and further enhance communication between staff and residents and their families. We will assess the effectiveness of this improving outcomes for people at the next inspection.

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 told us that the home was welcoming and comfortable. There were good standards of décor and furnishings in the home. People had choices of sitting rooms. Many people spent their time in the dining room which can get busy and noisy at times this was commented on by families "Communal areas can feel

a bit busy at times." And "need some quieter space while visiting." The provider should consider ways to reduce noise in communal areas and how to provide more quiet spaces for people to enjoy.

People's bedrooms were nicely decorated and personalised. It helps people's wellbeing to have familiar furniture, pictures, and ornaments from home. People told us that they were comfortable living in Argyll House.

There were good standards of cleanliness throughout the home. The housekeeping team had good knowledge of their role and responsibilities to ensure that good standards of cleanliness of the home were maintained. People commented positively about the cleanliness of the home.

The garden area was accessible but needed improvement. The provider had recently contracted garden services to maintain the garden area. Improved outdoor space will encourage people to use the garden more, which will help their wellbeing.

The maintenance records were up to date to show that checks of the equipment and safety of the home were completed. The maintenance worker had a good understanding of their role in ensuring that the home was safe, and people were protected from harm.

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.

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual taking a consistent and agreed approach.

We sampled several support plans and found that contained information to guide staff on how to support people with their health and wellbeing needs. We found the standard of personal planning and recording was good, plans were person centred and reflected people's personal choices and preferences.

Care reviews and evaluations detailed the effectiveness of the plan of care to manage individuals care needs. There was support in place for new staff regarding the use of the digital care planning system. This helped to guide staff and ensure that people were supported in an agreed and consistent way and that their wishes were respected.

Appropriate paperwork was in place for people who lacked capacity, detailing power of attorney and who the home should be consulting with regarding the care of the person. This helps to protect people's legal rights and safeguard them from harm.

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

The provider should ensure that personal plans are developed in consultation with the individual and their representative to reflect a responsive, person-centred approach, taking account of individuals' choices and preferences.

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)

This area for improvement was made on 12 April 2023.

Action taken since then

We found the standard of personal planning and recording was good, plans were person centred and reflected people's personal choices and preferences.

This area for improvement had been implemented.

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
3.2 Staff have the right knowledge, competence and development to care for and support people	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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