

Newcarron Court Nursing Home Care Home Service

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Newcarron Village
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Type of inspection:
Unannounced

Completed on:
2 May 2024

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361016

About the service

Newcarron Court Nursing Home is registered to provide care for up to 116 older people. It is situated in the Carron area of Falkirk.

Accommodation is provided over two floors and divided into six units. The ground floor comprises of Crammond unit accommodating 16 residents; Arran 16 residents and Lewis 24 residents. Iona, Skye and Harris units are all on the first floor and each accommodate 20 residents. Iona and Crammond units were not in use.

Staffing is provided over 24 hours, with a team of nurses and carers in each unit. The management team comprises a manager and deputy manager. All bedrooms are single occupancy with an ensuite toilet and wash hand basin. There are lounge and dining facilities in each unit. The gardens are dementia friendly with seating, pathways and areas of lawn, and can be accessed from the ground floor via a keypad system.

There were 61 people using the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 29 April to 1 May 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 28 people using the service and 14 of their family and/or friends.
- Spoke with 38 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Received feedback from supporting professionals.

Key messages

- People benefited from a service that helped build and establish trusting and respectful relationships with staff.
- Staff identified, assessed and monitored the health needs of people.
- Staff worked hard to meet people's health and care needs safely.
- Improvement was needed in completing people's care notes consistently to demonstrate care being provided.
- The requirement was extended to ensure there is proper provision of sufficient numbers of staff to ensure the health, safety and welfare of people at all times.
- Improvement was needed in the home's improvement plan.
- Improvement was needed with the pre-admission assessment process within the home.

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

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Quality indicator 1.3 People's health and wellbeing benefits from care and support

People benefited from a service that helped build and establish trusting and respectful relationships with staff. One person told us "Staff are excellent. I am very well looked after and am always treated with respect and dignity." One relative told us, "I am very happy with the care given to my relative at the home."

Staff knew people well and worked hard to try and meet their care needs. We found that there were very limited opportunities for meaningful engagement with people. Staff that we spoke with indicated their days were very busy undertaking practical tasks leaving little or no time to spend with residents. Recent changes and challenges in staffing meant there was a use and reliance on agency and bank staff, one person told us "Full time employees are really good. Some contract/agency staff not so." Another told us "the home needs to invest in care for employees." We will address this later in our report under key question 3.

We observed the mealtime experience to be relaxed and unhurried, meals were presented nicely, people were offered a healthy and balanced diet, and that special diets were catered for including fortified and modified diets. People who needed help were supported by staff in a respectful manner. We saw plenty of snacks, drinks and choice available. People's feedback on the meals varied, one relative said the "food is good" whilst another said "it's not for me but I am a fussy eater."

Medication administration records showed all prescribed medication had been administered as prescribed and provided at a time that suited people. Regular medication audits helped make sure any errors would be picked up quickly and acted upon.

People should be protected from harm and expect any health and wellbeing concerns to be responded to. We found that staff identified, assessed and monitored the health needs of people. Where there had been any health related concerns, healthcare professionals had been contacted quickly for advice. One visiting professional we spoke with during the inspection told us "Staff are very friendly and knowledgeable and know if there are any issues, they know how to contact the team" whilst another feedback "management in home is very responsive." Which meant better outcomes for people.

All residents had a support plan in place, which contained relevant risk assessments that reflected people's current health and care needs. Support plans provided guidance for staff about how to care for and support people to ensure safe and effective care. Supporting documents varied in completion, some had gaps and with little detail, which may compromise outcomes for people. An area for improvement was made previously, please see Outstanding Areas for Improvement for more detail.

It's important that people receive regular six monthly reviews of their service. This ensures that care and support is meeting people's agreed outcomes and people and their representatives have opportunities to be involved and to contribute to how the service is provided. We saw reviews had been completed for people and an ongoing plan was in place.

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question, where strengths only just outweighed weaknesses.

Quality indicator 2.2 Quality assurance and improvement is led well

The senior management team had experienced a number of changes in the months before this inspection and changes to the care provider. However, the manager and deputy manager had been in post for some years. Staff told us the managers was friendly, approachable and caring. However the staff felt the senior management team were not responsive to the demands and challenges of the home. One staff member told us "the managers are great and lovely but its more the higher up the management ladder they can't see the challenges or issues we have as we meet people's needs."

People who use the service can expect that the management team have an overview of their key health outcomes. There was a quality assurance system in place, which looked at key areas including falls, nutrition, medication and skin integrity, whilst management had an overview of the audits completed and a home improvement plan, it wasn't clear as to what actions or outcomes had been taken or to be taken in order to drive improvement. (See Area for Improvement 1).

Regular meetings had taken place however there was very small numbers of staff attendance which reduced the opportunity for staff to be contributing to the quality assurance process and help drive improvement.

People could be assured that management had a system in place to record and monitor accidents and incidents. These were audited on a monthly basis. Investigations had been carried out and any additional measures minimise reoccurrence implemented.

Pre-admission assessment process was variable, and no pre-admission visits had been completed since before Covid-19. This meant people's experience on moving in the home was compromised and based on feedback from staff this had an impact on people's needs being met safely and effectively. (See Area for Improvement 2).

Areas for improvement

1.

To ensure the service remains responsive to changes and develops a culture of continuous improvement, the provider should:

- a) Ensure the current improvement plan is accurate and reflective of the QA system audits, outcomes and actions.
- b) Ensure regular oversight by the manager to monitor progress on identified improvements.

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

2. The provider should ensure that the service can fully meet the needs of all people who are newly admitted to the service. To do this, you, the provider, should develop and undertake robust pre-admission assessments involving people and their representatives, and then review the skill mix of staff to ensure that the needs of the other people already residing in the service are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My need, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

3.3 Staffing arrangements are right and staff work well together

Staff worked hard to meet people's care needs safely. People told us there had been some changes in staffing levels and roles which made it very challenging to deliver an effective service. These changes had an impact on communication and staff's wellbeing, which may lead to a negative impact on supported people. One staff member told us "It can be very difficult at night time when the staffing levels are low, some people can wait longer than expected for support to be delivered."

People who use services have the right to have their needs met by the right number of staff who have time to support and care for them. The service used a recognised tool to identify people's dependencies and this was used to inform the staffing levels throughout the home. However, the information placed within the staffing tool was not accurate and reflective of the level of dependency and care needs of people. One person told us "I would like the carers to have time." Whilst a relative told us "I would like to see more staff in the evenings, to spend time with my loved one." We highlighted our concerns to the managers and senior management team, who responded quickly and gave assurances that an additional member of staff shall be placed in the home overnight to provide cover where needed.

A requirement had previously been made in relation to staffing from a complaints inspection which took place in 3 January 2024, please see outstanding requirements.

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

Requirements

Requirement 1

By 13 April 2024, the provider must ensure there is proper provision of sufficient numbers of staff to ensure the health, safety and welfare of people at all times.

To do this, the provider, must at a minimum:

- a) Review staffing levels using a method of assessment that includes the involvement of people experiencing care or their representatives.
- b) Undertake observations at various times of day over the 24 hour period and record the outcomes to help inform the assessment of how effectively people's needs are met.
- c) Ensure there is sufficient numbers and skill mix of staff to support people's needs safely at all times.
- d) Ensure management have oversight of people's care and support needs.
- e) Ensure staff are effectively led, deployed and supervised to meet the needs of people experiencing care.

This requirement was made on 3 January 2024.

Action taken on previous requirement

Whilst we saw a review of staffing levels taken place by using a method of assessment that includes the involvement of people experiencing care or their representatives and observations at various times of day over the 24 hour period had been recorded to help inform the assessment of how effectively people's needs are met. The numbers and skill mix of staff to support people's needs safely were still compromised.

This requirement was not met and have therefore extended the timescale to 20 June 2024.

Not met

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 have guidance for staff and managers on how concerns are handled when people do not want to progress their concerns as a formal complaint.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support.'

This area for improvement was made on 3 October 2023.

Action taken since then

People could be assured that staff and managers had guidance on how concerns are handled when people do not want to progress their concerns as a formal complaint.

Therefore for this area for improvement has been Met outwith timescales.

Previous area for improvement 2

Relatives should be informed of any changes timeously which has an impact on them being able to contact/call the unit staff to enquire as to their relatives' wellbeing and/or give information to staff.

This is to ensure care and support is consistent with Health and Social Care Standard 5.10: 'If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet.'

This area for improvement was made on 3 January 2024.

Action taken since then

People could be assured that a cordless phone was purchased and that relatives are informed of any changes timeously which have an impact on being able to contact or call any unit to enquire as to their relatives' wellbeing.

This area for improvement has been Met outwith timescales.

Previous area for improvement 3

To support people's health and wellbeing, the provider should ensure that people's care notes are completed consistently to demonstrate care being provided.

This is to ensure care and support is consistent with Health and Social Care Standard 1.4: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.'

This area for improvement was made on 3 January 2024.

Action taken since then

When reviewing supporting documents, people's care notes were not always consistently completed to demonstrate care being given.

Therefore this area for improvement has Not been Met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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