

Parksprings Care Home Care Home Service

Frood Street
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Type of inspection:
Unannounced

Completed on:
16 May 2024

Service provided by:
MMCG (CCH) (3) Limited

Service provider number:
SP2013012124

Service no:
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.

At time of inspection, there were 58 people using the service.

About the inspection

This was an unannounced inspection which took place on 14 - 16 May 2024 between 13:00 and 16:00. The inspection was carried out by three inspectors from the Care Inspectorate. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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:

- Obtained feedback and spent time with people using the service. We also obtained feedback from five families via a survey prior to the inspection and spoke with the families of four people during the inspection
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals.

Key messages

- The service had worked hard to meet the four requirements and three areas for improvement made at the previous inspection.
- People living in the care home and their families were very happy with the care and support.
- People's health needs were escalated to other health professionals when needed.
- How people access and engage with the community should be further developed.
- Management had an overview of what was working well and what areas to focus on next.
- People living in the care home and staff benefited from a warm atmosphere because there were good working relationships.
- Personal plans were in place to guide staff on how best to care and support for each person.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

3 - Adequate

We evaluated two quality indicators under this key question. We evaluated quality indicator 1.2 as adequate, as whilst improvements had been made since the last inspection, more time was needed to ensure that these were sustained. We evaluated quality indicator 1.3 as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warmth, kindness and compassion in how they were supported and cared for. The service was good at ensuring people maintained relationships with those important to them. Family and friends were made to feel welcome. One relative told us, "X (their relative) is well cared for and staff support me so well, they are great", whilst another said, "Staff are all very friendly".

People living in the care home and their families were very happy with the care and support. One person told us, "Movie night is good.....I like the hot dogs and ice cream", whilst another said, "I'm happy here". A relative explained, "If there's anything at all, they call us immediately.....this is what we want", whilst another said, "The staff have given me life with X (their relative) that I wouldn't have without them".

The care home had two life style co-ordinators who mainly worked Monday to Friday and devised a weekly planner. Since the last inspection, the service had supported people and/or their families to introduce 'More booklets'. These gathered more detailed background information about each person. These, along with regular resident meetings, were used to contribute to the planner. The planner included local walks, a visiting music therapist and in-house activities. The home was also currently working with Hampden Stadium's 'Football Memories' programme.

Each day there was time set aside to spend one to one time with those to whom that was better suited. Ideas for those who were very frail or living with advanced dementia should be further developed. Records and photographs were kept along with the care home's Facebook page to support families and friends to keep up to date. The service was in the process of looking at starting intergenerational work with local nurseries and schools. However, how the service accessed and engaged with the community should be further developed to improve opportunities for everyone to get out and about more (see area for improvement 1).

People benefited from regular healthcare assessments, access to community healthcare and treatment from external healthcare professionals. Visiting professionals we contacted as part of the inspection process spoke very positively of the manager and Parksprings, with no concerns raised. This gave reassurance to families. One family told us, "They look after my relative very well", whilst another said, "Staff are great, they have really supported X (their relative) through an illness she had".

People benefited from access to a new tasty, varied and well-balanced set of menus. They could choose from a variety of meals, snacks and drinks. This was an area that the service and worked hard to improve since the last inspection. They had included staff, residents and relatives in this process and included taster sessions. One person said, "The menu is on the table for you to choose", whilst another said, "The food is fine.....I get foods I like and if I don't like it they will get me something else".

Areas for improvement

1. To ensure people get the most out of life, the service should devise a programme of outings to ensure that people who wish to get out and about are supported with this aspect of their wellbeing.

This is 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)

How good is our leadership?

3 - Adequate

We evaluated quality indicator 2.2 as adequate, as whilst improvements had been made since the last inspection, more time was needed to ensure that these were sustained.

The manager and their staff teams across all departments had worked hard to meet the requirements and areas for improvement made at the previous inspection in February 2024.

Collective leadership was evident, with capacity for leadership being built at all levels and some staff being given champion roles to develop in specific areas. Management and senior staff ensured that the culture was supportive, inclusive, and respectful.

People could be assured that since the previous inspection improvements had been made to the systems in place to audit standards of care within the care home. We found that this included audits for key areas including medication management, nutrition and falls. Actions were in place and currently being worked through.

There was an overall service improvement plan in place which identified planned actions to drive improvement.

Staff told us that they felt supported and could go and speak to senior staff or management if they had any ideas or concerns.

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 living in the care home and staff benefited from a warm atmosphere because there were good working relationships.

People could be assured that the numbers and skill mix of staff were determined by a process of continuous assessment. Work was in its infancy to widen the assessment tool to feature a range of measures as described under the newly enacted Health and Care (staffing)(Scotland) Act 2019.

Staff were clear about their roles and were deployed effectively. Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable. Some improvement could be made to looking at any specific times of day within each unit where staffing deployment could be improved. We gave some examples from our observations and from staff feedback during the inspection.

People living in the care home and their families were happy with the staffing arrangements. One person told us, "There's enough staff to support X (their relative).....they're often busy but that doesn't affect their care" whilst another said, "I'm here often and staff are always available".

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 benefitted from a comfortable, warm and homely environment where residents were able to sit and chat to each other. They were able to move around the care home as they wished and choose where to spend their day.

Overall, the environment was clean and tidy, with no evidence of intrusive smells. When we asked visiting families about this, they all said that this was always the case.

Systems had improved since the previous inspection to ensure that repairs were managed efficiently. Aspects that required repaired or replaced had either been completed or had a date planned for next month.

Since the previous inspection, the service had carried out an audit of the care home and had made changes following this to make it more dementia friendly.

A refurbishment plan had been devised on a room by room basis to be carried out over the next 18 months. The service should ensure that this is adhered to and that any new repairs that may come up are addressed alongside this plan (see area for improvement 1).

We spoke with people who explained that they were able to personalise their bedrooms with photographs, ornaments and small pieces of furniture to make them their own space. We observed this to be the case throughout as bedrooms were individual to each person.

Areas for improvement

1. To ensure people's health and wellbeing are supported the service should ensure that all future repairs dealt with efficiently and do not hinder the current refurbishment plan.

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'. (HSCS 5.16)

How well is our care and support planned?

3 - Adequate

We evaluated quality indicator 5.1 as adequate, as whilst improvements had been made since the last inspection, more time was needed to ensure that these were sustained.

People could be assured that they had a personal plan in place that included relevant risk assessments. There was a good level of detail within the plans to guide staff around how best to care and support for each person. These were then regularly evaluated.

The service had worked hard since the last inspection to improve personal plans across the care home.

Management carried out regular audits to support staff to develop the care plans and ensure that they reflected people's current needs.

Personal plans were reviewed with the person and/or their family members in line with legislation. This gave an opportunity to discuss any aspects of care and support that was working well and anything they would like to be done differently.

The service had a supportive and inclusive approach to involve all carers and family members in the planning and delivery of care and support if this is important to the person living in the care home.

Supporting legal documentation was in place to ensure people were protected and to uphold their rights.

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

Requirements

Requirement 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).

This requirement was made on 13 February 2024.

Action taken on previous requirement

Please see information under key question 1.

Met - within timescales

Requirement 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).

This requirement was made on 13 February 2024.

Action taken on previous requirement

Please see information under key question 1.

Met - within timescales

Requirement 3

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).

This requirement was made on 13 February 2024.

Action taken on previous requirement

Please see information under key question 4.

Met - within timescales

Requirement 4

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).

This requirement was made on 13 February 2024.

Action taken on previous requirement

Please see information under key question 5.

Met - within timescales

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 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)

This area for improvement was made on 6 February 2024.

Action taken since then

Please see information under key question 2.

This area for improvement is met.

Previous area for improvement 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).

This area for improvement was made on 6 February 2024.

Action taken since then

The manager had supported staff to complete this training.

This area for improvement is met.

Previous area for improvement 3

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.'

This area for improvement was made on 6 February 2024.

Action taken since then

Please see information under key question 4.

This area for improvement is 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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
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?	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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