

Cardonald Care Home Care Home Service

Cardonald Care Home
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Type of inspection:
Unannounced

Completed on:
22 April 2024

Service provided by:
Clyde Care Limited

Service provider number:
SP2016012834

Service no:
CS2022000212

About the service

Cardonald Care Home is registered to provide a care home service to a maximum of 28 older people over the age of 65 years, and three named people under the age of 65.

The provider is Clyde Care Limited.

The Care Home is a purpose built two storey building in the residential area of Mossbank, Glasgow and is close to local shops and community amenities. It is easily accessible by public transport.

The building provides single occupancy accommodation with partial ensuite facilities. There are public lounges and a dining room, as well as shared toilets and specialised bathing or showering facilities.

People have access to a private, secured garden area accessible from the ground floor dining room.

There were 30 people using the service at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 10 April from 9:30 to 17:00, 11 April from 15:30 to 20:30, 12 April from 10:00 to 17:30, and 16 April 2024 from 09:30 to 16:00. 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 four people using the service and 11 of their family/friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People and their families told us they were happy with the care and support provided.
- People were supported by a caring, kind and dedicated staff team.
- Meaningful activity required improvement to meet people's varied needs.
- Infection prevention and control practice needs to improve to reduce the risk of potential cross infection.
- There was good oversight of quality assurance to support continual improvement.

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

3 - Adequate

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

People experienced care and support by staff who were kind and compassionate in their interactions. Staff promoted choice and they encouraged people to do things for themselves where they could. This is important in terms of people maintaining skills, their independence, and to help people achieve individual outcomes.

Pre-admission assessments were consistently conducted. These were thorough, comprehensive and needs focused. This meant people could be assured the service was able to meet their needs prior to deciding to live at Cardonald Care Home.

Care plans and risk assessments were in place and regularly reviewed to ensure people's needs were consistently met.

Making sure that people are kept well is an essential part of social care. People's health and wellbeing needs were being regularly monitored, with screening tools in place to identify any risks to them and adjust their support accordingly. The service used a variety of health and wellbeing assessment tools and had recently implemented the use of an assessment tool to quickly identify any decline in people's health. This meant staff could quickly identify deterioration experienced by individuals and ensure the correct support was put in place.

There was evidence staff were seeking advice from other multi-disciplinary professionals to support people's wellbeing. This demonstrated staff's knowledge and underpinning of Health and Social Care Standards (HSCS) which state: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13). This holistic approach ensured that, where people needed specialised support, this was promptly and timeously implemented.

Anticipatory care plans were in place. These were person-centred and had input from people and their loved ones. This ensured palliative and end of life care is managed in line with people and their family's needs and wishes.

People's health and wellbeing benefitted from safe and effective medication management practices. There was a robust overview of medication by the management team. People could be confident they were receiving medication that is right for them, as there were timely and regular review of people's medication. We observed people being supported with their medication needs in a dignified and respectful way.

Mealtimes were well organised and food looked and smelled appetising. Choices were offered and these were displayed on table menus. There was also an alternative menu available at each mealtime to ensure people's tastes and choices were consistently met. People were supported with their meals at a pace suited to their needs. There were a number of people who needed one-to-one support from staff to manage their meals. The service organised a two sittings service at mealtimes to ensure everyone received the support they needed to be encouraged to eat and drink well.

The head chef had recently joined the team at Cardonald Care Home. He was in the process of reviewing the menu choices and seeking the views of people about their likes and dislikes to inform this review. He had made some changes towards a more nutritional diet by reducing the use of processed foods and introducing more homemade options using fresh meats, vegetables and fruit. This means people were experiencing healthy food choices, including fresh fruit and vegetables, and were having the opportunity to participate in menu planning.

To support people's wellbeing, it is important people have an active life and participate in a range of recreational, social, creative and physical activities every day, both indoors and outdoors. Although the service had arranged and had encouraged people to participate in big events, this did not support individuals to occupy their time with activities of their choosing on a daily basis. People we spoke to and their families told us they felt this aspect of their loved one's life could be enhanced with more variety of things to do each day. To ensure better outcomes for people, the service must look to improve this aspect of the care and support they provide. **(See previous Requirement 1 in the Outstanding Requirements section of this report)**

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.

Since the last inspection, the service had implemented regular and comprehensive quality assurance audits. These included audits of care plans, medication, catering and environmental audits. These were completed by the most appropriate member of staff promoting responsibility and accountability amongst the staff group. This also meant the staff group were identifying where improvement was needed and could be confident management were encouraging their views and supporting the improvement. All completed audits were reviewed by management ensuring they had good oversight of the audit process.

The service used an on-line system to record these audits and the system develops action plans to identify areas for improvement. These areas for improvement inform a dynamic service improvement plan ensuring positive change can be achieved to meet the needs and wants of people living in the Care Home. This demonstrates the service has a pro-active and responsive approach to improvement and is well led. We found the service improvement plan could be further enhanced by seeking the views of people using the service and their families. **(See previous Area for Improvement (AFI) 1).**

Staff continually evaluated people's experiences by regularly reviewing care plans to ensure people are provided with the right care and support to meet their outcomes. Good care and clinical governance oversight was evidenced by daily flash meetings and regular staff meetings. This means people can be confident they experience high quality care and support because staff have the necessary information.

We found that management have a good and clear understanding of their role in monitoring practice and identifying, directing and supporting improvement. This means people and their families can be confident they benefit from a culture of continuous improvement.

How good is our staff team?

4 - Good

We evaluated this key question as **good**, where significant strengths impacted positively on outcomes for people.

The service had in place a dependency tool which was completed on a monthly basis to assess staffing levels are right to meet people's needs. When people's needs changed, management reviewed staffing levels using the dependency tool to ensure the right care and support continued to be available. We saw an example of this during the inspection where a new person with more complex needs had recently been admitted. Management made adjustments to the staffing levels to support this individual and ensure everyone else continued to receive the care they needed. Using the dependency tool, management kept this under continual review. This meant staffing levels could be adjusted to continue to meet and support the needs of people.

Rotas we viewed and staffing levels we observed during this inspection showed staffing was appropriate to meet the needs of people. When compiling staff rotas and staff allocation, consideration was given to ensure the right skills mix on each shift. This ensures people's needs are met by the right number of staff who have time to interact and have meaningful conversation when delivering care and support.

The service made use of agency staff, but this was not unusually high. When this was necessary, management worked hard at making sure the same agency staff were placed in the service. This meant people knew these staff well, agency staff were familiar with the wants and needs of people, were helpful, and could be an active part of the staff team.

The numbers and skills mix of staff is determined by a process of continuous improvement. Feedback from all parties contributes to this. We discussed with management ways of obtaining the views of people, their families and carers about staffing arrangements, and how these would inform the overall service improvement plan. Management agreed this was important and they would explore ways in which they could include the views of all parties when determining staffing arrangements.

Staff were clear about their roles, worked well together, and had a flexible approach to changing support needs to ensure care was consistent and stable. Staff were observed to work well as a team. This meant people using the service and staff benefit from a pleasant and friendly atmosphere because there were good working relationships amongst staff. Staff we spoke to told us they were happy in their work, felt part of a team, and liked working in the service.

Some observations of staff practice were being carried out to assess staff's learning and competency. Staff supervisions were being undertaken regularly, giving staff the opportunity to discuss and reflect on their practice. Areas of development or training needs which were identified from competency observations and supervisions were made available to staff by the management team. This afforded staff the opportunity to continually improve. This means people can be confident they are supported by staff who are trained, competent and skilled, and are able to reflect on and improve their practice.

Supervisions and regular staff meetings afforded formal monitoring of staff's wellbeing. Staff's wellbeing benefitted informally by the manager's "open door" policy. Overall, this level of monitoring of staff's wellbeing allowed management to support staff to help balance the pressures of work and home life. Staff told us they found management approachable and supportive. This positive approach to staff wellbeing meant staff felt supported and could focus on providing good quality care.

How good is our setting?

3 - Adequate

We evaluated this quality indicator as **adequate**, where there are strengths which on balance outweigh weaknesses.

The environment was clean and tidy with no intrusive odours. The atmosphere was friendly, homely and welcoming to people and visitors. People and their families told us they found the home to be comfortable.

There were communal living and dining areas being used by people. The living room area on the upper floor was small in size for the number of people living on that floor, but we observed people were encouraged to move around the home and use other areas. The service had recently relocated the nursing station to create another small comfortable seating area on the upper floor. This meant people could have more choice about the areas they used.

The provider had plans for all bedrooms to be re-floored to improve the presentation of people's bedrooms. This work was commenced during the inspection.

There was a pleasant garden area with adequate tables and chairs which people could access through the patio doors from the dining area. This meant people had access to fresh air and outdoor space when they chose.

The service had re-registered in July 2022 when there had been a change of provider. At this time, there were conditions of registration around environmental improvement and the completion of a professional feasibility study to assess how the improvements could be made. The provider has a legal responsibility to meet the conditions of registration as set out by the regulator, however, not all conditions of registration had been addressed. In order that people experience a high quality environment, a requirement to meet the conditions of registration will be made from this inspection. **(See Requirement 1)**

We saw the service had had in place a comprehensive system for regular maintenance health and safety checks. However, at the time of the inspection, the service did not have maintenance staff employed. This meant that, more recently, maintenance health and safety checks had not been consistently completed. The absence of consistent and regular monitoring and maintenance does not ensure people are safe from harm. We were assured by the manager there has been a person identified to fill this vacant post and they would be joining the team as soon as all relevant recruitment checks were in place. This made us feel confident that regular maintenance health and safety checks would be re-established to ensure people's safety.

Housekeeping staff we spoke to were not familiar with the current guidance contained in the National Infection Prevention and Control Manual for Care Homes Scotland (NIPC Manual for Care Homes Scotland). We found they were not following the correct advice contained within the guidance. This meant that people could not be confident they were being protected from cross infection. We discussed this with the manager and advised they undertake an urgent review of standard infection prevention and control precautions. We also advised they organise training for housekeeping staff to ensure they are familiar with and are following the best practice guidance outlined in NIPC Manual for Care Homes Scotland. The manager was pro-active around training needs of staff, and following our discussion, set a date for staff to attend appropriate training. **(See Area for Improvement (AFI) 1)**

Requirements

1. By 30 June 2024, the provider must ensure that people are able to experience a high quality environment.

In order to do this, the provider must:

- a) meet the conditions of registration as agreed at the time of registration, July 2022, as set out in the service's certificate of registration;
- b) display the environmental improvement plan agreed with the Care Inspectorate dated 15 July 2022, along with the certificate of registration;
- c) submit to the Care Inspectorate a feasibility assessment, completed by a suitably qualified professional, which confirms which improvements can be actioned;
- d) following completion of the feasibility study, the provider must consult with the Care Inspectorate to agree any proposed changes to the environmental improvement plan; and
- e) once any adaptations are agreed, the provider must implement these timeously.

This is to comply with Regulation 4(1)(a) and Regulation 10 (Fitness of Premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

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

Areas for improvement

1. To ensure people are protected from the risk of cross infection, the provider should:

- a) undertake a review of standard infection prevention and control precautions in relation to the safe management of the care environment;
- b) ensure staff have the appropriate training to inform their skills, knowledge and understanding of the correct use of cleaning solutions, and the safe dilution and handling of chemical products; and
- c) ensure staff have the appropriate training to inform their knowledge and understanding of the use of the correct type of nozzle being used on chemical dispensing bottles, as outlined in the NIPC Manual for Care Homes Scotland guidance.

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

'My environment is secure and safe' (HSCS 5.17).

How well is our care and support planned?

4 - Good

We evaluated this quality indicator as **good**, where there are strengths, which on balance, outweigh weaknesses.

The service had re-evaluated people's care plans since the last inspection. We looked at a number of care plans and could see these had improved. The plans reflected people's rights, choices and wishes. They were person-centred and contained detail of outcomes people wished to, or had achieved. We saw, and were told by people we spoke to, that people and their families had input into the development of care plans. These were also being regularly reviewed in line with the legislative requirement. People and their families had input into these reviews. This meant people could be sure they were receiving the care and support that is right for them.

Risk assessments in relation to each individual's needs were in place, robust and regularly reviewed. This offered further assurance that people were receiving good quality and safe care. All necessary legal documents relating to people's capacity and legal powers of attorney or guardianship were also in place. This meant that if people are unable to make their own decisions at any time, the views of those who know their wishes can be sought and taken into account.

Staff development and training in care planning had been sourced by management and attended by staff. This had improved staff's confidence and ability to develop and maintain care plans for people that were dynamic and informed all aspects of the care and support people experienced. This meant people could be confident that staff were able to respond to and meet their changing needs.

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

Requirements

Requirement 1

By 27 September 2023, the provider must support people to have stimulating daily activities that promote physical and mental wellbeing.

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

- a) ensure people can exercise meaningful choice over their daily activities and routines;
- b) ensure there is a diversity of activities available including group and one-to-one opportunities, as well as indoor and outdoor activities;
- c) ensure activities are evidenced and people are given the opportunity to provide feedback on their experiences; and
- d) ensure that staff delivering activities have appropriate training and guidance to promote high standards of practice and outcomes for people.

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 that:

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This requirement was made on 14 July 2023.

Action taken on previous requirement

The service has not managed to meet this requirement for a number of reasons. In particular, the absence of a dedicated staff member to focus on activities because of issues encountered such as long term illness, resignations, and difficulties in recruiting a suitable replacement. At the time of inspection, the post was vacant and the manager was actively recruiting to fill this vacancy.

These setbacks were unfortunate because there was some evidence that immediately post the last inspection the service had begun to work towards achieving this improvement but this has not been sustained, developed or become embedded in practice.

Although there was a level of contingency planning to fill the void, it was on an 'as and when available' basis. This meant the service was unable to provide an ongoing, sustainable and consistent programme of activities of people's choosing.

Feedback we received from people we spoke to was very complimentary in many of its aspects, however, there was a common theme in people's feedback around the lack of things for people to do.

This requirement will be extended and followed up at the next inspection.

Not met

Requirement 2

By 27 September 2023, the provider must ensure that care and support is safe, effective and recorded in a consistent manner.

To do this, the provider must, at a minimum, ensure that they:

- a) develop clear, up-to-date, and consistent care plans;
- b) ensure that care plans are easily accessible to all staff; and
- c) are outcome focused and reviewed in an outcome focused manner, detailing what people want to achieve and what they have achieved.

This is to comply with Regulation 5 (Personal plans) 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:

'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 requirement was made on 14 July 2023.

Action taken on previous requirement

Please see information contained in "How well is our care and support planned" section of this report.

Met - outwith 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 promote an inclusive culture of improvement, the provider should use its communication with people, families and external professionals. Their views should be used to inform the service improvement plan.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 14 July 2023.

Action taken since then

Whilst the service has developed a service improvement plan, this has been completed and informed by the service itself. There was no evidence available of communication with families or people living in the service to help inform the service development. We discussed with the manager that the service should be proactive in collecting people and families views to inform service improvement and ways in which this feedback could be collated.

This area for improvement has not been met and will be re-assessed at the next inspection.

Previous area for improvement 2

In order for people to identify their own bedrooms, the service should investigate what would be appropriate signage on each person's door.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 14 July 2023.

Action taken since then

The service was in the process of compiling colourful, meaningful and identifiable profiles for each individual. Some had been attached to individual bedroom doors to help people identify where they live.

Many more had been compiled but the service was unable to print and display these as they are awaiting a replacement printer. We were confident the service will continue to put these in place.

Discussion about profiles had been highlighted to relatives at the last last relatives meeting. No objections had been raised, however, not all families had been in attendance. We advised the service should gain written consent for this personal information to be displayed from all people or their next of kin. A consent form was created during the inspection and the service had started to gain appropriate consent.

This area for improvement has been met

Previous area for improvement 3

- 1.1. The service provider should continue with their improvement plan to upgrade all decoration within the building.
- 1.2. The service provider should investigate if there is a way in which communal areas upstairs could be made larger.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23)

and

'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 14 July 2023.

Action taken since then

The environments had experienced some upgrading since the last inspection, and this continues to be a work in progress.

Flooring in wet areas had been upgraded and a new wet shower room had been installed in the upper floor, which meant people living on this floor now had a choice of areas for washing and attending to personal care.

A new seating area had been installed on the upper floor, meaning people could have more choice about the areas they used.

Plans were in place to lay new flooring to improve the presentation of people's bedrooms.

This work had commenced before the inspection was completed. There were still outstanding actions to be completed on the environmental improvement plan submitted to the Care Inspectorate, by the provider, at the time of re-registration in July 2022.

Whilst improvement is ongoing, this area for improvement will remain in place and assessed again at the next inspection.

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	3 - Adequate
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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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