

Douglas View Care Home Care Home Service

William Street
Hamilton
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Telephone: 01698 459 099

Type of inspection:
Unannounced

Completed on:
23 May 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300687

About the service

Douglas View Care Home is situated in the town of Hamilton, South Lanarkshire and is within easy walking distance to local shops, amenities, and public transport links.

The provider is HC-One Limited and the service is registered to provide a care service to 88 older people and 12 adults with an alcohol-related brain injury.

The home is arranged over two floors and separated into five units. There are two units on the ground floor and three on the upper floor. There is a lift providing access to the upper floor and an internal courtyard garden for the use of residents and their visitors.

All rooms have en suite facilities and residents also have use of several lounges and dining areas. There was also a skills kitchen situated on the upper floor and a therapeutic area on the ground floor. A self serve café area and hairdressing room are located within the reception area.

At the time of the inspection there were 98 residents living in the service.

About the inspection

This was an unannounced inspection which took place on Tuesday 21 and Wednesday 22 May 2024 between 07:30 and 16:00. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 16 people using the service
- spoke with six family members
- spoke with 23 staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- Four areas for improvement made at the previous inspection had been met.
- Residents' health and wellbeing needs were being met from a knowledgeable staff team.
- A well established and proactive management team were committed to driving forward improvements within the service.
- Feedback from professional visitors was positive about how the service engaged with them and followed instructions.
- More residents would benefit from having opportunities to maintain and develop their independence.
- Recording within parts of the support plans could have been better completed.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We made an evaluation of very good for this key question. We identified major strengths in supporting positive outcomes for people.

People benefitted from being supported by warm and respectful staff who were knowledgeable about the people they supported. One resident said, "Staff are great and I feel well looked after by them. I like it better here than living in my own house".

Families described how the service kept them involved and informed about their loved one. One relative said, "Communication is good. Outwith visits, I am contacted by staff if anything changes" and "I feel able to contribute to care delivery and listened to".

Residents' and relatives' opinions were regularly sought which helped develop the service in a way which took account of the wishes, opinions, and rights of people.

People should be protected from harm and expect any health and wellbeing concerns to be responded to. Specific health needs were assessed and monitored to make sure there were no deterioration in people's health. Effective communication made sure healthcare professionals' input was sought quickly, where required. This had resulted in people getting the right care and support at the right time. One relative told us, "We have seen improvements since moving in".

Feedback from two visiting professionals was positive about how the service had engaged with them, followed instruction, and raised any health concerns.

The dining experience promoted good nutrition and hydration and people were supported, where needed, in a warm, relaxed, and encouraging way by staff.

The medication administration records (MAR) showed residents' health had benefitted from receiving their prescribed medication in line with the prescriber's instructions. On admission, residents were offered/assessed for self storage and administration of medication.

The way people spend their day should promote feelings of purposefulness and wellbeing. Residents were supported to take part in organised group activities, as well as on an individual basis. Activities had helped promote physical movement and mental stimulation and were based around residents' preferences. One resident said, "There are plenty of things to do if you want to join, sometimes I choose not to".

We had no concerns relating to the infection prevention and control (IPC) practices within the service which supported a safe environment for residents, visitors, and staff.

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question. We identified major strengths in supporting positive outcomes for people.

People should be confident that the service is well led and managed. People spoke positively about management and staff within the home. Staff described management as being approachable and supportive and said, "The manager is visible and comes round the unit to speak with residents and staff often".

People should feel confident that they are living in a service that is safe and benefits from a culture of continuous improvement. Quality assurance systems helped support improvement and promoted learning opportunities. 'Lessons learned' from significant events had helped make sure practices were improved upon and risks reduced.

Senior staff within each of the communities (units) of the home had an effective overview of the health of their residents and monitored changes to residents' health.

Relevant information was shared at daily flash meetings with management. A key worker system made sure there was effective oversight of residents' needs by staff that knew them well.

A service improvement plan showed how the service planned to make improvements in the future. Timescales for when the actions would be taken and the responsible person for taking the actions was recorded. The views of residents and their families had been sought about the service and this had helped inform the service improvement plan.

People should benefit from different organisations working together and sharing information promptly, where appropriate. We found that the service had notified the Care Inspectorate and social work of reportable events, where required.

Records of complaints showed how these had been investigated, what the outcomes were, and if any actions were taken as a result. This helped the service measure how satisfied people were with the service provided.

Meetings took place within all departments which gave staff the opportunity to discuss and hear about important issues and make suggestions on how the service could improve.

The service checked that staff were putting skills learned through training sessions into practice. This gave assurances that residents were being supported by a competent and skilled workforce who demonstrated safe practice.

People's finances and property should be kept safe and secure. Financial records showed clear and transparent financial transactions, with a system of regular checks to ensure there were no inconsistencies.

How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question. We identified major strengths in supporting positive outcomes for people.

Staff engaged with residents in a warm and respectful way and were knowledgeable about the people they supported. This meant residents could be confident that staff were aware of important information needed to support them safely. Feedback we received about the staff was positive. Comments included, "Staff are amazing here, can't fault them" and "Staff are nice. They try and work hard to provide care to everyone".

Recruitment processes followed 'Safer Recruitment Through Better Recruitment' best practice. This meant that people could be confident that staff had the appropriate skills, experience, qualifications, and values prior to employment.

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 and to speak with them. A dependency tool calculated the hours of support required for each resident. From reviewing these records, speaking with people, and observing practice, we found the care hours required to meet people's needs had equated to the numbers of staff on duty. An 'Emergency Contingency and Business Continuity Plan' provided clear guidance to follow in emergency staffing situations in the home.

People should have confidence that they are supported by trained, competent, and skilled staff who are able to reflect on their practice. Training was provided for staff based on the needs of residents and most staff were up-to-date with this. The manager gave us assurances that individual overdue training we identified would be prioritised.

Staff told us they felt supported in their roles. Regular supervision and direct observations of staff practice helped identify any training needs. Staff meetings supported staff to share and discuss information about the service.

Professional registration checks were completed regularly by management to make sure staff were eligible to work within the service.

Feedback from two visiting professionals we spoke with during the inspection was positive about staff relationships, how well they worked as a team, and were knowledgeable about residents which helped with their assessments.

People should have confidence that staff needs are assessed and support provided. There were structures in place to help promote staff wellbeing and workplace wellness. Where additional support was required for staff there were support measures in place.

How good is our setting?

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 experiences of living in the care home.

People should be able to spend their time in private and communal areas of the home to meet their needs and wishes. Quieter areas were used to help support residents' mental health. The main reception area had a refreshment bar which offered space for people to spend time with visitors. Specific areas within the Avon community (unit) had been thoughtfully designed to help provide a sense of wellbeing for residents living with dementia.

Residents could access outdoor seated areas and some residents independently visited the local shops. There had been resident involvement in helping with chores within the grounds of the home. Some residents were supported to prepare food and launder their clothes. However, only one unit had the facilities to support this. This meant not all residents had the same opportunities to maintain and/or develop their independence (see area for improvement 1).

We requested that the manager review how people could access snacks and drinks within all units and they agreed to this.

The service had a planned refurbishment programme which had involved residents in making decisions. A 'King's Fund Environmental Assessment' had been completed to evaluate how 'dementia-friendly' the environment was. Action plans showed ways in which the service had made improvements. Some people had personalised their bedrooms as they wished to make them more 'homely'. Signage was in place to help direct people around the communities and the correct days, dates, and times were displayed to help orientate residents.

Residents could control heating and lighting in their rooms, had a bedroom door lock, and were offered a key on admission. Bedrooms also had a lockable area where residents could store valuables.

People were supported to stay connected through access to and support to use technology, such as the internet and mobile phones.

A smoking room within the home was being decommissioned and a consultation exercise had been completed with residents.

Areas for improvement

1. The service should review the environment for people living in the home and how it helps support people's independence. For those people living with dementia, the service should consider how completing the King's Fund tool can be a useful assessment to support this (<https://www.kingsfund.org.uk/sites/default/files/EHE-dementia-assessment-tool.pdf>).

This is to ensure that 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 as the environment has been designed to promote this' (HSCS 5.11).

How well is our care and support planned?

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 experiences of living in the care home.

People should be confident that their support plan clearly sets out how their needs will be met and guides staff on how best to support them based on accurate information. Every supported person in the home had a support plan in place which aimed to direct staff on the type of care and support they required.

Most support plans had been reviewed on a six-monthly basis, in line with current legislation. When people were not able to fully express their wishes and preferences, a relevant individual important to them had been involved to represent them. This ensures that care and support is provided in line with the principles of the Adults with Incapacity (Scotland) Act 2000. Some six-monthly care reviews were out-of-date, however the manager was working hard to address this.

Ongoing reassessments had helped make sure residents' needs were reviewed to make sure care being provided continued to be appropriate. There was supporting documentation in place to demonstrate the

extra support or observation given to specific residents. This had helped to make sure people were supported safely and in line with the relevant risk assessments.

Most sections of the support plans we reviewed contained a good level of information about the person and how to support them. However, some sections lacked accurate and consistent information or lacked information about residents' hope and aspirations. Some parts of the support plans lacked evidence of family participation where residents' communication was limited. We acknowledged the service was still fully embedding the new electronic care plans and the support the quality team were going to provide (see area for improvement 1).

Areas for improvement

1. Support plans should be developed further to reflect more person-centred information. In doing so:

- a) Medical diagnosis should be accurate and consistently recorded.
- b) Sections relating to future care planning should be developed to reflect the wishes and choices of the individual to enable staff to support people with compassion and dignity.
- c) Biographies of residents should be recorded to enable staff to support residents in a personalised way.
- d) Hope and aspirations of residents would be sought and recorded. Where residents are unable to express this, information should be sought from other appropriate sources.

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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To improve outcomes for people, the provider should ensure that people's likes and dislikes for eating and drinking are included in their care plan and suitable alternative meals are always available, including overnight if required.

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 7 November 2023.

Action taken since then

Residents' support plans contained information about people's preferences regarding mealtimes. Staff were reminded about people's dietary requirements through a daily record which was completed to record people's choices each mealtime. People we spoke with told us that there were always options available at mealtimes for residents.

This area for improvement has been met.

Previous area for improvement 2

To improve outcomes for people, the provider should ensure staff have the skills and knowledge needed to provide person-centred support that respects people's dignity and promotes their human rights.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

This area for improvement was made on 7 November 2023.

Action taken since then

Training records showed almost all staff had completed 'Dignity: The one who matters' training. Observations of practice were completed on a range of interactions that staff had with residents which helped make sure staff supported people in a dignified way.

This area for improvement has been met.

Previous area for improvement 3

To improve health and wellbeing outcomes, the provider should review their arrangements with the GP practice to ensure people can discuss concerns about their health and wellbeing with their GP directly, either in person or by telephone.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in assessing my emotional, psychological, social, and physical needs at an early stage, regularly, and when my needs change' (HSCS 1.12).

This area for improvement was made on 7 November 2023.

Action taken since then

The arrangements the service had with the designated GP practice had been reviewed and a GP clinic via telephone was completed twice-weekly. Staff could request the GP attend the home outwith these times, if required, and some residents had attended the GP surgery for appointments.

This area for improvement has been met.

Previous area for improvement 4

To ensure positive outcomes for people, the provider should ensure people's personal care and support plans include centred support strategies to help them feel comfortable and encourage their participation in their support. When people's support needs are not being adequately met, their records should be used to inform the ongoing evaluation of their support plan, involving other professionals in this process as required.

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 7 November 2023.

Action taken since then

Residents had been involved, where possible, in providing information which had helped inform the support plans. Where elements of their support and treatment had not been fully met or refused, there had been further evaluations completed and clinical professionals involved.

This area for improvement has 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	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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