

Flemington Care Home Care Home Service

Flemington Road
Cambuslang
Glasgow
G72 8YF

Telephone: 01416 439 600

Type of inspection:
Unannounced

Completed on:
31 May 2024

Service provided by:
Flemington Care Home Limited

Service provider number:
SP2011011539

Service no:
CS2011285878

About the service

Flemington Care Home provides a care home service for up to 74 older people and 16 adults aged between 16-65 years. The service provider is Flemington Care Home Limited.

The home is split into five units with two on the ground floor and two on the first floor each accommodating 16 people. The top floor accommodates 23 people. Each unit has their own living/dining and kitchen areas.

All bedrooms have en-suite facilities including a wet floor shower. Double bedrooms can be made available to those who wish to share.

The ground floor has a café which opens onto an external patio area and a secure garden. A lift provides access to the upper floors.

At the time of the inspection there were 87 people supported at the service.

About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 May 2024 between 07:20 and 17:30. 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:

- Reviewed 32 questionnaires returned by relatives of people supported and staff.
- spoke with 13 people supported by the service and twelve of their relatives
- spoke with 37 staff and management
- received feedback from three visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

We observed kind and caring interactions between people living at the home and the staff.

People and relatives were overall satisfied with the care and support provided.

The range of activities provided helped benefit people's wellbeing.

People's health needs were regularly assessed, and appropriate interventions sought from external professionals.

Quality assurance audits needed to improve to ensure this drove a culture of improvements.

Care planning should improve to fully reflect people's outcomes and wishes.

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?	3 - Adequate
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 this quality indicator as overall adequate. Whilst strengths had a positive impact, key areas need to improve.

People were supported by care staff who were familiar with their choices and preferences. Staff were kind, caring and attentive towards people and there were enough staff available to support people.

Families we spoke to, told us differing experiences about staff keeping them well informed and involved in their relative's care. A family member said 'The family are updated of any changes in their relative. However, another relative told us 'We have not always been told about outcomes of health appointments or any significant changes. Communication with relatives needs to be more consistent to help to keep people informed and support their rights and wishes.

We sampled people's bedrooms and found in two rooms, malodours, beds had been made that morning on a damaged mattress cover and a mattress. Quality assurance is everyone's responsibility and staff should have noticed the condition of the individual's mattress and acted. The management team did address these concerns during the inspection (see area for improvement 1).

A wide range of activities had been developed through the process of assessing the needs, wishes and abilities of people using the service. These included, both within and out with the care home activities, such as quizzes, bingo, gardening group, cycling group and visits from local schools. The wellbeing staff team were very enthusiastic about their role and were aware of the positive impact meaningful activity can have on an individual's well-being.

A newsletter and social media page were used to help families and relatives know about events and happenings in the care home.

People were regularly offered snacks and drinks out with mealtimes to encourage them to eat and drink enough to keep well. We heard how people enjoyed the food offered. "I think the food is very good and there is always choice at meals".

Observations of a mealtime revealed some good practice with staff and some improvements around promoting handwashing, a visual choice and involvement. Some comments from people included, "Menu is not always as stated" "The food was good, and you get options. If you don't like options on the menu, you can request something else". The management team carried out audits of the mealtime to look at people's experiences. These should continue to be developed to help promote consistency of staff practice.

The services used a range of recognised assessment tools, and these had been used to identify changes to each person's health and wellbeing and, when appropriate, had referred for the input from external professionals. Feedback from three visiting professionals we contacted indicated that they had confidence in the support and care provided.

People could be confident that medication was appropriately managed, meaning they received the right medication at the right time. When medication had been prescribed on an "as required" basis, staff followed protocols which promoted the rights of people.

Good links had been established with external professionals who confirmed staff were proactive in referring when they identified changes and were confident staff would implement recommendations made to keep people well.

Staff had access to sufficient personal protective equipment (PPE) and this was being used appropriately.

Areas for improvement

1. To ensure good outcomes for people experiencing care, the service should ensure staff report any concerns about any individuals' bedrooms. Records are made of all follow up actions taken.

This is to ensure 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Feedback received from people supported, relatives, and professionals was overall positive about the communication and responsiveness of the staff and management team.

Systems and processes were in place to gather feedback from people supported, relatives and staff. This included a survey to give their views. The service should improve on how stakeholder feedback is used to help shape the service improvement plan (see area for improvement 1).

Daily handover meetings were being used to good effect in identifying peoples changing needs and supports required to reduce risks.

People who use care services should benefit from a culture of continuous improvement with robust and transparent quality assurance processes. The management team had a good overview in place, including medication, skin integrity and the environment. Accident and incidents were being completed with an overview used by the management team. All of which promoted the health and safety of people.

Recognised best practice material, such as the falls safety cross was used by staff. Staff also completed falls diaries and re-evaluated associated risk assessment post falls. The management team audits were used to identify trends for individual people using the service.

Audit records we viewed were of a good standard. To enhance the audits completed, the management team should review the staff involved in completing these, and to help better record the evidence of the actions taken to rectify any irregularities and timescales for improvements the audits identify (see area for improvement 2).

The service improvement / development plan was comprehensive and also used as a service self-evaluation tool. We suggested action plans to be developed to link how specific pieces of work lead to positive outcomes for people.

Areas for improvement

1. To include people experiencing care and other stakeholders in developing the service, the provider should ensure that their views and opinions are reflected in service's improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership'. (HSCS 4.7).

2. To ensure people experience safe care and support where management have a good oversight and monitoring of the service. The provider should improve internal quality assurance. This to include but not limited to:

- 1.A review of systems to identify appropriate auditing timescales should be identified to reduce unnecessary or duplication of auditing.
2. Responsible staff completing audits should be identified and receive training to ensure audits make improvements to the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.1).

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 should have confidence in the staff who support them. We received many positive comments in relation to the staff who provide support. One person supported said "The staff are marvellous". One relative said: "Staff team are nice and there is good consistency". One professional said, "I have found on visits the staff knowledgeable of the residents likes and dislikes".

The management team had worked hard at recruiting permanent care and nursing staff. A limited number of agency staff were being used. This meant they had succeeded in having a stable staff group to help take the service forward.

Direct observations had been used to encourage staff to adhere to good practice when providing support. In view of observations at mealtimes, and other occasions, we concluded that the management team should build on this area.

A recognised tool had been used by the management team to help inform staffing levels. The management team also took account of the changing needs of people within each unit and increased staffing when necessary.

Staffing rotas were given out four weeks in advance and staff spoke of flexibility to changes if needed and no excessive number of days being worked in a row. Rotas were sampled and we observed support provided by staff. We found that appropriate levels of staff were on duty to meet the needs of people living within the service.

Staff recruitment followed good practice with pre-employment checks and a robust induction programme to help staff become familiar with the needs of each person being supported.

There was an allocated room for staff to access for breaks when on duty and regular breaks were taking place throughout the inspection visit by staff.

Staff supervision was planned for on a regular basis and an annual appraisal. On sampling these, we could see that these were reflective discussions and allowed staff time to reflect on their own development and practices.

Staff consistently told us the management team were approachable and available to support them where needed. Staff were encouraged to share views to feel listened to with the management team. This supported a positive working relationship between management and staff teams.

A blended approach was used with staff training and development. The manager worked well with external organisations to ensure staff could keep their skills and knowledge up to date. The training undertaken meant staff had been helped to obtain necessary knowledge and skills to support people.

At a previous inspection, an area for improvement that included staff training on outcomes was made, this has not been met and we have reworded this (see area for improvement 1).

Areas for improvement

1. To ensure good outcomes for people experiencing care, all the staff who deliver direct care should have access to training on personal outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Having access to outside space is important for giving people a sense of wellbeing. People benefitted from having accessible gardens which people used to enjoy the good weather when we visited. Staff within units encouraged people to maintain levels of independence and use of the facilities.

The corridors within each unit were long and signage helped orientate people and make the home more dementia friendly.

Signage used helped people's orientation around the units and included pictures of people next to their bedrooms. This helped the home be more dementia friendly. The service was revisiting the King's Fund Environmental Assessment Tool to review the home environment for people with cognitive impairments.

We could see the café area on the ground floor offered people choice as to where they would like to spend time with visitors and activities were also seen to be taking place in.

People's rooms were personalised to their own taste, with some people bringing specific items of furniture to make their room feel more individual.

Housekeeping staff were working hard to keep areas clean and clutter free. Cleaning schedules were in use, and these reflected the frequency of cleaning of communal areas and individual bedrooms. However, we checked and found not all equipment used in bedrooms sampled had been cleaned to a good standard (see area for improvement 1).

Environmental improvements were planned for areas within the home including the replacement of some flooring around the home including bedrooms and the communal area of the Elm unit.

Laundry staff were familiar with infection prevention and control (IPC) good practice guidance for the safe handling of laundry which reduced the risk of transmission of infection.

The management team and maintenance worker ensured the environment was being well maintained and in a good state of repair. Audits were used to check that the environment was safe and any areas which needed to be addressed had been included in action plans.

A range of contracts were in place with external companies which meant equipment had been serviced and maintained aligned to manufacturer and legal guidance.

Areas for improvement

1. The service should continue to develop the staff's knowledge of quality assurance around the environment improvement programme to ensure that the premises, equipment, and furnishings are clean and well maintained.

This ensures 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 5.22).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The service was in the process of transitioning from a paper to an electronic system for support and personal planning recording.

Personal plans help to direct staff about peoples' support needs and their choices and wishes. There was evidence of collaborative work in some of the personal plans sampled, with people using the service and relatives involved in the production of plans and care reviews.

A one-page information was on display in people's bedrooms with key information recorded about the person i.e. likes, dislikes, preferences and family involved. This helps support care and facilitates communication with the people cared for.

Staff continued to record intakes for people who had been identified as being at risk of unintended weight loss and or dehydration. Ongoing monitoring of these records is carried out to ensure that they are consistently completed and aligned to organisational policy.

Some of the daily notes sampled were found to be task orientated and consideration about how these are recorded in a more personalised and outcome focussed way. This is linked to staff training on what outcomes are for individuals.

Regular evaluation of the personal plans was taking place on a monthly basis. The service used 'resident of the day' to review care documentation. We have suggested that a detailed room check to include mattress and care equipment to be included in the resident of day reviews.

People's personal plans should include anticipatory care plans (ACP). These are now referred to as Future Care Planning. These should help people make informed choices about how and where they wish to be cared for in the future. ACPs were in place for some people's files. We could see the 'Respect' document used in people's files. All the information was not always being completed and shared with the persons GP. We have reworded a previous area for improvement around this (See area for improvement 1).

Support plans reflected the legal status and detailed who should be involved with decisions around ongoing care.

Areas for improvement

1. The service provider should ensure that people supported, and where appropriate their families, are supported to discuss and develop future care plans. These should include people's wishes to meet their future care needs and shared with GP.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.4).

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

So people can benefit from higher quality facilities, access to outdoor space should be made easier and support planned to ensure everyone gets the opportunity to sit, walk or engage in outdoor activities if they so wish.

This area for improvement was made on 11 August 2022.

This area for improvement was made on 11 August 2022.

Action taken since then

We could see that the inspection visits, people were accessing the secure outdoor spaces. New decking had been installed at the side of the building and a range of areas were available for people and visitors to sit outside. We could see events that had taken place and planned for in the garden area.

This area for improvement was met.

Previous area for improvement 2

The service provider should develop use of the care planning system with particular focus on:

Further development of Anticipatory Care Plans to ensure GP's agreement.

Further development of staff training in identifying what an outcome is and how it can be achieved.

This area for improvement was made on 11 August 2022.

This area for improvement was made on 11 August 2022.

Action taken since then

During the inspection we did see evidence of Anticipatory Care Plans and Respect documents in place around future care planning. However, not all of the documents sampled had been completed, signed and shared with GP via Key Information Summary.

Staff had not had any specific training in identifying what an outcome is and how it can be achieved.

We have reworded this area for improvement into KQ3 and KQ5 in this inspection report.

Previous area for improvement 3

Staff should be vigilant for any changes in people's skin, in this case bruising. Any injuries found should be reported and recorded as soon as possible. Any injuries should be recorded in detail with full description of size, colour and any other features. Where appropriate photographs should be taken for monitoring purposes. Any such injuries should be checked regularly and tracked through recordings on body maps and daily care notes.

This area for improvement was made on 3 May 2024.

This area for improvement was made on 3 May 2024.

Action taken since then

We could see that incidents, accidents and protection referrals were being made in some cases of people found with changes in their skin such as bruises. Body maps were being used in some of the care files we sampled. Photographs were taken if appropriate and progress recorded. Evaluations was missing in some of files sampled. The service should continue to monitor the healing and progress of any changes in people's skin. We assessed overall those improvements had been made.

This area for improvement was met.

Previous area for improvement 4

When an individual is alone in an area of the home, staff must ensure that they are appropriately supervised and have means of summoning assistance.

This area for improvement was made on 3 May 2024.

This area for improvement was made on 3 May 2024.

Action taken since then

Communal areas where residents were mainly during the day were always supervised by staff. People observed in bedrooms we visited, did have access to the nurse call system used to summon assistance. One individual was able to demonstrate how they would use the pendant they wore that was linked to the nurse call system

This area for improvement was 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.