

Clyde Court Care Home Care Home Service

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Clydebank
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Telephone: 01419511133

Type of inspection:
Unannounced

Completed on:
3 May 2024

Service provided by:
Maven Healthcare (Clyde Court) LLP

Service provider number:
SP2022000216

Service no:
CS2022000324

About the service

Clyde Court Care Home in Clydebank provides residential, nursing, dementia, respite and end of life care. It is registered to provide a care service to a maximum of 70 older people. There were 52 people living at the home time of inspection.

The care home was registered by a new provider on 25 October 2022. The provider is Maven Healthcare (Clyde Court) LLP.

The home is on three levels with lift access and comprises of lounges and a dining area on all floors. All rooms have ensuite with a bathroom and shower on each floor. Two toilets on the first and second floor continued to be out of order.

There is garden space that is accessible from the ground floor. The home is near local shops and cafes, and is walking distance to the nearby train station.

Improvements to the decor and furnishings made the home look brighter with no malodours.

About the inspection

This was an announced inspection which took place on 30 April to 3 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people using the service and their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People we observed and spoke to looked presentable and groomed.
- The environment looked nicer and lighter due to decoration and new furnishings.
- Food and nutrition needed to be improve.
- Staffing levels need to be re assessed and improved to meet the needs of people.
- Care planning and recording had improved.

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?	3 - Adequate
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. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

1.3 People's health and wellbeing benefits from their care and support

Interactions between staff and people experiencing care were mostly respectful. We observed one staff member responding to an individual in a way that demonstrated their lack of knowledge to that person's needs. We passed this on to the manager to ensure all staff were aware of people's care plans.

Mealtimes provided an opportunity for socialising in the dining rooms. One dining room area was closed to allow for repairs which meant people did not have a lot of space in the current diner being used. This meant that it was very warm and there were no windows to open to get some fresh air.

Some people were shown plated meals so they could make a real choice on which meal to have. The meals did not look appetising, particularly the textured meals. Meals, snacks, and drinks were offered throughout the day, however, were of poor quality. There was repetition in some meals such as sausages being offered at breakfast, lunch, and dinner. This meant people could be bored easily and lack nutrition and there was a lack of imagination into offering people varied choices. We did not make an area for improvement around this as the service was working in collaboration with the Care Inspectorate Improvement Team to improve this.

There was no home baking on offer and fruit was occasionally an option despite having stock. People's food was not being fortified properly or consistently. This meant that there was missed opportunities for people to be nourished and to have calories added to their diet if necessary. Furthermore, some staff were not aware of who required their food and drinks to be fortified. This meant people could be at risk of weight loss and malnutrition therefore, we made a requirement. (See Requirement 1)

Records of medication on all floors were reviewed, people could not be assured that they were always receiving their medications as prescribed. This was mainly due to the application of daily patches to people (for pain). Additionally, the correct paperwork was not in place for people who received their medication covertly. We advised and signposted the deputy to the most up-to-date procedures and paperwork to be used. (See Area for Improvement 1).

People could be confident that if they experienced stress and distress, staff would administer their 'as required medication' as the first option unless specified by the GP. This meant that staff used alternative ways to comfort and redirect people to before using medication.

Requirements

1. By 14 July 2024, the provider must ensure people are supported to have food and drink that meets their needs and wishes.

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

- a) people identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a food fortified diet throughout the day.
- b) staff are trained in food fortification and how to support people to eat and drink well.
- c) food and fluid charts are completed and retained to allow for further assessment and to provide evidence that first line interventions have been implemented.

This is to comply with Regulation 4(1)(a) and (b) (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: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37).

Areas for improvement

1. To support people's health and wellbeing staff should ensure all administered medication is recorded and signed for by the dispenser. Furthermore, where there are missing signatures, these should be addressed immediately and rectified at the handover.

This is to comply with Regulation 4(1)(a) and Regulation 5(b) (i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards(HSCS) which state:

This area for improvement was made on 30 April 2024.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

2.4 Staff are led well

Supervisions took place regularly with relevant topics discussed, such as reflection on practice and empowering staff in their roles. Mentoring of unit managers and the deputy were also evident. This meant people could be confident that staff were continually improving how to support people successfully.

Staff were able to approach seniors and managers freely which was also reflected in the staff survey results. However, staff felt under pressure and over stretched due to the staffing levels. This was reported in more detail under key question 3.3.

The management team should be proactively assessing and forward thinking in relation to self evaluation and the performance of the service. An example of this was the service not being prepared or foreseeing the quick turnaround in people moving into the home. As a result, they could not recruit staff quick enough to be in post to support people with maximum effect.

Improvement plans were in place to reflect the planned development for the home. However, it appeared overwhelming and more reactive to external agency inspections. The stakeholders, such as the people experiencing care and their relatives should be heavily involved in this process, so they feel empowered in the direction of the service. We should see evidence of The Health and Social Care Standards and The Quality Framework being used as an important part of their self-evaluation.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

3.3. Staffing levels are right and work well together

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment." New staff had been interviewed with employment references, protection of vulnerable group checks and registration of professional bodies.

Staff were mostly positive in their feedback to us. They felt supported and had participated in supervision. They felt the seniors and management team were approachable and supportive.

Staff told us that they mainly work in certain parts of the home however, they are moved around to ensure that they are familiar with all residents living in the home. This meant that people could be familiar with their faces and vice versa.

In the main, staff worked well together there were a few areas where skill mix could be improved or the managing of the shift to ensure new staff worked with experienced colleagues. As a result, people could benefit from this consistent support.

Senior staff found it difficult to complete their tasks with the competing demands of their role. This has been highlighted to managers, however, this did not influence change as yet. Work had begun to widen the assessment tool they used which calculated the time allocated to each person living in the home. Moving forward the managers would include the measures as described under the newly enacted Health and Care (staffing)(Scotland) Act 2019.

Following feedback from staff during the inspection, the deputy increased the nightshift staffing levels. This was as a result of changing circumstances and someone extra moving in. There was a plan to review the day shift staffing levels too. This meant that people could receive the right care at the right time and according to their care plans.

Domestic and kitchen staff advised that they were short of staff recently and were having to support each other to cover the shortages. We discussed this with the deputy manager to monitor.

We assessed staff rotas from the previous four weeks which demonstrated staff absence and one-to-one support was being covered by agency staff. We advised that agency inductions should be a focus area when there was increasing usage.

Feedback from visiting professionals and relatives advised that sometimes trying to find staff to talk to could take a while. We fed this back to the manager.

We did not make an area for improvement as the managers had started the process of reviewing the staffing compliment across the home during our inspection.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

4.3 People can be connected and involved in the wider community

The home was situated near a shopping mall as well as local shops and cafes. There were good links to public transport nearby if people chose to travel. Relatives and friends could visit at any time and have the choice of sitting in the garden or other spaces in the home.

People had been supported to access a few community activities. A local church had been holding their services within the home which people appeared to enjoy and get to know congregation members. A few people attended the Salvation Army for tea and entertainment weekly. There had been one planned intergenerational event with a nursery which had been postponed. Although there was some evidence of community connection this had been mostly with the same people. As a result people did not have equal opportunities to participate in community activities. (See Area for Improvement 1).

Links with people's families were unclear as evidence did not demonstrate how this had taken place. There was debate around the WIFI performance which could make it difficult for contact through video calls if people wished. However, the provider argued that they had had a very good internet connection so this should not be an issue.

There was limited recording and evidence to how all people were offered the opportunity to be part of their community and to participate in the wider community facilities. We found that only a limited number of people could go out due to the co coordinator not being able to support personal care. There was little time for care staff to support people outwith the home or to be released from their daily care duties. This meant there was only a select number of people who had the opportunity for community involvement.

Areas for improvement

1. The provider should ensure people who experience care have the opportunity to participate in activities to maintain their health and wellbeing. In particular, but not exclusively, you should ensure that:

a) there are sufficient staff available to support people to achieve their outcomes, through regular participation in activities outwith their home and being part of their community.

b) ensure opportunities for meaningful outdoor activities are maintained and links with the local community promoted; and

c) ensure activities and interests, as identified in their outcome plans, are evaluated, and reviewed with people or their representatives on a regular basis to ensure they remain relevant for each person.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

5.1 Assessment and personal planning reflects people's outcomes and wishes

Care plans had improved since the last inspection and more relevant detail included. We could mostly understand how to support people by the information and guidance given. This meant people could mostly be confident that staff had the right information to support people effectively.

Staff needed more development around some gaps in recording people's personal care such as baths, showers, and hair brushing. This would allow for an accurate overview of when people were supported with these tasks.

Stress and distress plans were completed however, further work needs to be done for a few of the plans to incorporate the triggers for people. We spoke to the deputy about this who assured us they would implement this information. This meant that people could be proactively supported with their wellbeing.

People's legal documents were stored securely. When required, staff could access these easily. Information on legal documents in place was reflected in people's care plans and risk assessments. This meant that staff knew who was responsible for making legal decisions for that person, in the event it was required.

We looked at how 'as required' medication was used in relation to people experiencing stress and distress. We found that diversion techniques and de-escalation strategies were used to support people before using medication. As a result, people could feel alternative ways to support their emotions and not have an over reliance on medication.

Risk assessments were completed and up-to-date. These influenced the care plans and how to maintain and support people's health and safety.

Areas for improvement

1. To ensure all people are receiving the right care at the right time, records used to evaluate people's personal care needs should be improved. This should include but is not limited when people are supported to shower or a bath. This information should be assessed and monitored by all staff to ensure people's personal needs and wishes are being met.

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 developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 30 April 2024.

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

In order for people to have confidence in the staff that support and care for them, the management team should arrange regular team meetings for staff to attend. This will ensure staff have access to peer support, relevant information and resources, and development.

This area for improvement was made on 21 June 2023.

Action taken since then

Team meetings and supervision of staff had taken place and improved in relation to content and frequency. However, this should continue to ensure good communication and safe practice and involve feedback from people experiencing care. This will be followed up at the next inspection once embedded into the culture of the home.

This has been incorporated into this inspection report.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.3 People can be connected and involved in the wider community	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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