

# Springvale Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
7 June 2024

**Service provided by:**  
Springvale Care Limited

**Service provider number:**  
SP2018013254

**Service no:**  
CS2018372196

## About the service

Springvale Care Home for older people is located in the main street of Lennoxton in East Dunbartonshire. The home is near to local shops and bus routes. The provider is Springvale Care Ltd. This service registered with the Care Inspectorate on 29 March 2019 to care for 95 older people.

The service operates from a two-storey building, with two units on the ground floor and two on the first floor. All bedrooms are single with en-suite toilet and shower facilities. The care home offers a choice of sitting and dining areas. Additionally, the home has a café area, a private dining room and a cinema room for residents and their families to use. People have access to outdoor space on both floors. There are enclosed garden areas at ground level and balconies on the first floor, providing outdoor sitting areas.

## About the inspection

This was an unannounced inspection which took place between 04 June between and 07 June 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 a number of people using the service and relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- reviewed responses to Care Inspectorate questionnaires sent out prior to inspection from residents, relatives, staff and external professionals.

**Key messages**

- The quality of care provided within the home was good.
- Management oversight of quality assurance and improvement was of a very good standard.
- The quality of some recordings related to topical medications application should be improved.
- Staff worked well together and were of a good quality.
- Some further discussion should be had across the home to ensure staff understanding and input into assuring staffing levels and consistency in practice across all units.
- Care planning records were good but could be further improved in regard to accuracy and task completions in line with people's needs.

**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?	4 - Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - 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?

4 - Good

Our overall evaluation for this key question was good. We found the service had strengths in keeping people safe and meeting their needs. There were, however, some improvements to be made with record-keeping.

Throughout the inspection visits we could see people were treated with dignity and respect. We saw caring interactions between staff during our visits to each of the units within the home. Staff clearly knew the residents well and understood how best to support them. We carried out more formal observations and noted similar caring and supportive interactions with some comment around ensuring people are appropriately positioned for their comfort and wellbeing. People appeared well kempt, comfortable and engaged well with the care staff and other staff within the home.

Staff we spoke to felt happy in their work and spoke highly of the support they had received from the management. They told us people were cared for to a high standard within the home. There was a range of communal activities that took place regularly including a trip to the local town hall to see a pantomime during our inspection.

People in the home were receiving regular visits from their loved ones. Relatives told us they could see their loved ones as they wished, and they received regular communications from the care home staff. This was positive for people's wellbeing and ensured regular contact with family members. Families spoke positively about the good quality of care their loved ones received in the home.

We noted there were some inconsistencies with some care recordings. Although we were satisfied people were receiving the care they needed we could see in some recordings an inconsistency in how these were being completed by staff. We noted that some topical medication recordings had gaps and others were not applied consistently with the prescriber's instructions. We did note, however, that the home had a very low level of skin integrity concerns. To ensure that care has been given appropriately and in line with prescribers' instructions the service should improve the consistency of these recordings. The management team should also carry out a system of checks to satisfy themselves that care has been provided to meet people's needs within appropriate timescales and in line with prescribers' and other health professionals' instructions. (See area for improvement 1).

### Areas for improvement

1. To maintain and monitor people's health and wellbeing all daily monitoring charts including, but not limited to topical medicines administration sheets should be accurately completed in line with assessed need and/or prescriber's instructions.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our leadership?

5 - Very Good

We evaluated this key question as very good because we found significant strengths in leadership and quality assurance that outweighed areas for improvement.

The home had a stable management team. There was a quality assurance system in place that ensured all key issues within the service were audited to a very good standard. It was evident that any actions identified from the audit process were taken forward and then signed off when completed by the person assigned to complete it. People's weight and nutrition were frequently tracked to promote their wellbeing and a regularly reviewed clinical risk assessment was in place that identified all significant risks and the measures in place to reduce them.

The service worked collaboratively with external agencies to meet people's needs well, and we received positive feedback from these partner agencies about the service's approach. The service had an improvement plan in place that highlighted what it could be better. This contained insightful self-evaluation and evidenced that the management team were committed to a culture of improvement. This was a healthy approach which promoted good outcomes for people. The management team supported staff with a comprehensive training programme, regular practice observations and staff supervision meetings.

The vast majority of staff we spoke to felt positive towards the management of the home and a small number felt less so. It is important that staff feel included and listened to in efforts to create a relaxed and supportive environment that delivers high standards of support and care. This was discussed with the home management team and is revisited in the staffing section of this report.

Systems to monitor quality and assurance were thorough. However, this was engaged with inconsistently by staff across the home. Some units had strengths and areas of practice that were better than other units. It is important that all areas of the home maintain a consistent level of practice to ensure people's needs are met.

On checking records relating to accidents and incidents; adult support and protection concerns and the home's complaints process, we could see these were managed well. The home had notified us appropriately and in line with guidance. This assured us that when unplanned events or issues arose that could impact negatively on people the home dealt with them promptly and properly to reduce recurrence and keep people safe.

### How good is our staff team?

**4 - Good**

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Staff presented as happy working in the home and demonstrated a good knowledge of people's needs and how these could best be met. A lot of staff we spoke to had been in the home for a number of years and were clearly happy working there. They gave an overall impression of a close team of staff who worked well together so that people experienced a good level of care. We could see, on checking training records, that staff were subject to a full and comprehensive training package.

Staffing levels and mix of staff were sufficiently in place to meet people's needs. The management dependency tool, which calculated the number of staff needed to meet people's assessed needs consistently, showed over the last few weeks the home had above the level of required staff. Staff confirmed this in conversations, but some felt there were times during a typical day where an extra staff member may be needed to assist, albeit not to the detriment of people's safety but to facilitate spending more time with residents. It is important that managers keep on top of staffing levels and mix of skills to ensure people can be properly looked after.

The staff culture in the home was generally good at unit level. However, there were some staff who weren't happy with the level of communication. There appeared to be some inconsistencies in practice across the units within the home. It is important that staff work well together and consistently across all units in the home. Staff should be clear about their roles in maintaining the environment and improving practice within the home. At the time of inspection the home was in the process of moving staff across units in the home in an effort to improve the level of consistency. It is important that staff are clear on their roles and how they put into action all service policies. Staff should also have a regular and meaningful input into clarifying and setting staffing levels within the home. An area of improvement has been made in this regard. (See area for improvement 1)

Staff took part regularly in supervision meetings with a senior member of staff. This is time staff have with their supervisor to discuss practice, development and raise any personal issues that may impact on work. Staff felt these were useful meetings where not only the services, but their needs and issues were discussed and considered. These meetings were important to monitor staff wellbeing and practice to ensure people supported experience a good quality of care and support from a competent workforce. It was suggested that regular home-wide staff meetings may also add to the improvement agenda within the home.

## Areas for improvement

1. The service should ensure people's wellbeing needs are being met by staff consistently. To do this the service should facilitate and evidence meetings with all staff about roles and responsibilities and encourage staff feedback in assuring staffing levels are maintained in line with people's needs.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and speak to me' (HSCS 3.16).

## How good is our setting?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

The home was generally clean, tidy, and free of clutter. The communal areas were welcoming, spacious and tidy. The environment and equipment were cleaned to a high standard and well maintained. The service had taken account of best practice guidance for people living with dementia and completed an assessment of how dementia friendly the home was. There was a need to improve the environment to make it more dementia friendly in providing visual markers to assist people to orientate themselves within the home and large clocks and day and date signs to ensure people could also orientate themselves in this regard.

Some areas of the home were decorated to a particularly high standard with new flooring, modern furnishings, and freshly painted walls. Other areas, however, appeared dated and tired. We were pleased to see that there was an ongoing refurbishment plan in place to address these issues with a target date for completion set for the end of 2024. As the home already had a plan to deal with the environment and had previously notified the Care Inspectorate of their plans we made no areas for improvement in this regard.

There was plenty of social space across the home and people chose where to spend their time. During the period of our inspection visits it was evident that people had access to a safe outside area and balcony areas at all times.

The home had a maintenance team to manage health and safety issues. Maintenance records were up to date ensuring that things like water condition and hoisting equipment were of a good standard and safe for residents to use.

We did note a small number of dirty mattresses and chair cushions that arguably should have been identified by staff. This should form part of the roles and responsibilities discussion we have recommended take place with staff. This was dealt with immediately.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good because strengths in this area clearly outweighed areas for improvement.

Every person living in the home had an electronic personal care and support plan that detailed their care needs. These were updated frequently and available to all appropriate staff, visiting professionals, people living at the home, and their relatives. It was noted that some of the entries in some support plans and associated documentation could have been more detailed and descriptive. For example, one person's plan stated they had no children but later on it was clear a son or daughter was the power of attorney. Another person's repositioning regime overnight was unclear and conflicting frequency of turning was apparent. This information should be clear, detailed and accurate. It is important this detail is provided so that anyone who needs to access the support plans would be able to effectively identify significant actions in maintaining someone's health and wellbeing. For example, if the plan states repositioning will be done two-hourly then records should accurately reflect this care as being given appropriately. There were some examples seen of where this care need had not been recorded as met. (See area for improvement 1)

Service reviews were mainly taking place in line with legislation which states these should be done as needs change or as a minimum, on a six-monthly basis. These reviews are key in ensuring the service is meeting people's needs and adapting or changing provision in line with them. Records sampled showed that only four service reviews were significantly out of date. It was impressed upon the service management the need to ensure these took place as stipulated even if, where people are absent, the review attendance was revised. These reviews should then be carried out timeously and maybe revisited with absentees at a later date so that this legal requirement is met at all times.

We reviewed a small selection of service review records. We found that there were some inconsistencies with the amount of detail provided in the records of these meetings. We asked the service to make them more outcome-focused and detailed, highlighting what people want to achieve from living at the care home, and measuring how successful they were in achieving these goals. This would help further evidence good practice and could make the care and support received even more meaningful for people.

### Areas for improvement

1. To make sure, and evidence that people's needs are being fully met the service should ensure people's support and care tasks are fully detailed and agreed supports are carried out and recorded in line with identified needs.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and '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

Staff should have a set routine and formal observation recording system in place for those who require it.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 23 May 2024.**

#### Action taken since then

Records were produced that indicated appropriate actions had been taken and records made in line with this area for improvement that was made during a recent complaints inspection. This area for improvement had been met.

### Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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