

Southview Care Home Service

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Cambuslang
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Type of inspection:
Unannounced

Completed on:
2 July 2024

Service provided by:
Thistle Healthcare Limited

Service provider number:
SP2003002348

Service no:
CS2003010439

About the service

Southview care home is registered to provide support to a maximum of 40 adults, of which 17 can be used for people living with dementia and a further 23 places can be used for adults living with mental health conditions. The provider is Thistle Healthcare Limited.

The purpose-built home is located in a residential area of Cambuslang, South Lanarkshire. It is a short distance from local amenities and public transport links.

Accommodation with lift access is provided over two floors. The ground floor is used to support people living with dementia and the upper floor supports people who have needs related to alcohol related brain damage (ARBD) and other mental health conditions.

All bedrooms are single with en suite toilet facilities. People have access to showers, bathrooms, and lounge and dining rooms on each floor. The enclosed garden area to the front of the building provides seated areas for people and their visitors to use. Parking is available for visitors at the home.

At the time of the inspection there were 37 people living in the home.

About the inspection

This was an unannounced follow up inspection which took place on 2 July 2024 between 10:00 and 16:00. 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 six people using the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- All seven requirements made at the previous inspection had been met. These related to independent living, notifications, activities, staff training, environment, quality assurance systems, and personal plans.
- Both areas for improvement made at the previous inspection had been met. These were in relation to consultation with people and environmental development for people living with dementia.
- A new management team had been appointed within the service and we found that they had made good progress in relation to the day-to-day running of the service. The management team were focussed on how they wanted the service to develop and how they planned to achieve this.
- The service had made significant progress since the previous inspection. As a result, we increased the grades of all key questions from 'weak' to 'adequate'.

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?	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

Given the improvements made by the service in relation to supporting people's wellbeing, we have increased the grades for quality indicators 1.1 (People experience compassion, dignity, and respect), 1.2 (People get the most out of life), and 1.3 (People's health and wellbeing benefits from their care and support) from 'weak' to 'adequate'.

How good is our leadership?

3 - Adequate

Given the improvements made by the service in relation to leadership, we have increased the grade for quality indicator 2.2 (Quality assurance and improvement is led well) from 'weak' to 'adequate'.

How good is our staff team?

3 - Adequate

Given the improvements made by the service in relation to leadership, we have increased the grade for quality indicator 3.2 (Staff have the right knowledge, competence, and development to care for and support people) from 'weak' to 'adequate'.

How good is our setting?

3 - Adequate

Given the improvements made by the service in relation to the setting, we have increased the grade for quality indicator 4.1 (People experience high quality facilities) from 'weak' to 'adequate'.

How well is our care and support planned?

3 - Adequate

Given the improvements made by the service in relation to care and support planning, we have increased the grade for quality indicator 5.1 (Assessment and personal planning reflects people's outcomes and wishes) from 'weak' to 'adequate'.

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

Requirements

Requirement 1

By 28 June 2024, the provider must ensure that people receive a service which supports recovery and maximises independence.

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

- a) ensure areas within the home are developed where people can access and prepare their own drinks/snacks, or carry out domestic chores; and
- b) demonstrate how people are supported to maintain and develop independent living skills, dependant on their health and ability, and in line with their personal plan.

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: 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook, and eat my own food where possible' (HSCS 1.38).

This requirement was made on 28 March 2024.

Action taken on previous requirement

Areas within the home had been developed for people to access and prepare their own drinks/snacks or carry out domestic chores. This had been completed with the participation and feedback from residents. Residents told us they were able to use the facilities as and when they wished. This helped people support recovery, maximise independence, and provide a sense of wellbeing and purposefulness.

'Independence Skills' surveys had been completed to seek residents' views about repurposing areas and information about their wishes was recorded within personal plans.

Meetings had also been held seeking residents' views about how to further improve the environment and actions had been developed to address requests.

Met - within timescales

Requirement 2

By 28 June 2024, the provider must ensure they meet the social and wellbeing needs of people.

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

- a) ensure a range of meaningful activities is available for people, based on their preferences and which supports them physically and cognitively;
- b) ensure activities provided are assessed to determine whether people's needs are being met;
- c) ensure where people prefer to spend time in their bedrooms, staff spend time with them to help support their mental wellbeing; and
- d) ensure there are a sufficient number of staff available who are trained and have the necessary skills to provide meaningful activities and engagement 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 choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This requirement was made on 28 March 2024.

Action taken on previous requirement

Residents' preferences had been sought on activities that were meaningful to them and an activities programme had been developed based on the feedback. Residents' views were also sought after activities and events to gauge their satisfaction. The activity programme included events within and outwith the home and supported residents physically and cognitively. Residents told us how they had enjoyed being included in the garden area refurbishment activities.

The service had recently secured access to transport to help support activities within the local community.

An activities forum was planned and residents and families were encouraged to join this.

Activity training had been provided to all staff members, including non-direct care staff, to help promote a positive culture focussing more on meaningful connection.

Staffing levels were assessed monthly and changes had been made, where required, to support people in activities of their choice.

Where people preferred to spend time within their bedrooms, the service made sure staff spent time with them to help support their mental wellbeing.

Met - within timescales

Requirement 3

By 28 June 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

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

- a) ensure an assessment of the service's performance is completed through effective audit systems;
- b) ensure where areas for improvement are identified through audits, action plans are put in place and implemented which set out specific, achievable, and realistic actions required and timescales;
- c) ensure those responsible for signing off audits, carry out checks on presented evidence that support audit information to be accurate;
- d) ensure all staff are accountable for and carry out the required remedial actions set out within action plans; and
- e) ensure the effectiveness of actions put in place is reviewed to ensure evidence of positive outcomes for the health, safety, and welfare of people experiencing care.

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 benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 28 March 2024.

Action taken on previous requirement

Audit processes had been completed and records showed these had been effective in supporting improvement.

Where discrepancies had been identified through the audits, there was a record showing what actions were required. Records showed that the actions required were specific, achievable, and realistic. Completed audits showed that responsibility for taking the required actions had been delegated to relevant parties.

Peer auditing had also been introduced alongside cross auditing among departments. Staff responsible for completing audits received development sessions to support them in their completion.

There was evidence that regular monitoring had been completed by the registered manager to gauge progress with the actions identified through the audits.

Met - within timescales

Requirement 4

By 28 June 2024, the provider must ensure people experiencing care have confidence the service received by them is well led and managed. You must support better outcomes through a culture of continuous improvement and transparent communication with governing bodies.

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

- a) ensure all staff recognise and report incidences of harm or potential harm;
- b) liaise with all other appropriate governing bodies as well as the Care Inspectorate; and
- c) submit notifications to the Care Inspectorate as required by our notification guidance entitled: 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

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 benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 28 March 2024.

Action taken on previous requirement

Adult support and protection (ASP) training had been completed by almost all staff.

Guidance had been printed off and the service policy updated to reflect current legislation. Staff we spoke with appeared knowledgeable about ASP, including their own roles and responsibilities.

We found that the service had notified the Care Inspectorate and Health and Social Care Partnership of reportable events, where required. The registered manager was knowledgeable on reportable events and had an effective oversight of these.

Met - within timescales

Requirement 5

By 28 June 2024, the provider must ensure people experiencing care receive support from staff with sufficient skills and knowledge for the work they are to perform in the service.

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

- a) ensure training needs of all staff are assessed;
- b) ensure a comprehensive plan of training is developed and delivered. This must include, but not be limited to, alcohol related brain damage, mental health, and Parkinson's; and
- c) ensure the training plan is reviewed to reflect the ongoing training required, to equip staff to meet the individual mental and physical health needs of people experiencing care.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 9(b) (Fitness of employees) 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 have confidence in people because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 28 March 2024.

Action taken on previous requirement

The training required for staff to meet people's needs had been assessed and was subject to ongoing review.

We saw a training plan in place which reflected the needs of people being supported. This included resident-specific training, such as alcohol related brain damage, mental health, and Parkinson's.

Staff positively described weekly training sessions they had attended which gave them a better understanding of people's needs and how to support them better.

Met - within timescales

Requirement 6

By 28 June 2024, the provider must ensure people are living in a setting that has well maintained fixtures and fittings.

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

- a) ensure the environment is maintained in a good state of repair, which is able to withstand effective cleaning processes and is able to be effectively decontaminated and cleaned;
- b) ensure quality assurance checks are effective and demonstrate how they have led to improvements where issues are identified surrounding the safety and maintenance of the environment; and
- c) ensure where environmental issues are identified, repairs are undertaken in a timely manner. In doing so, there should be a clear auditable trail of any work(s) completed.

This is to comply with Regulation 3 (Principles) and 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 experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

This requirement was made on 28 March 2024.

Action taken on previous requirement

There had been significant improvements made to the quality of the environment. This included new and refurbished areas within the home and development of the outdoor areas which some residents had been involved in.

Cleaning and housekeeping practices had improved since the previous inspection. Records showed cleaning tasks had been regularly completed and the registered manager had an effective oversight of these.

We found fixtures and fittings were in good order and able to withstand effective cleaning processes. Where required, repairs had been made to ensure areas were in a good state of repair. This helped make sure people were living in an infection free environment.

Environmental audits were completed which demonstrated how they had helped to support improvement. Where remedial action was required, this had been taken promptly.

People we spoke with were positive about the improvements and cleanliness of the home.

Met - within timescales

Requirement 7

By 28 June 2024, the provider must ensure that people experience care and support that is safe and right for them by improving their personal plans.

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

- a) provide current, detailed, and accurate information to support staff when providing care and support;
- b) reflect more person-centred and outcome-focused information, particularly in how people's independence is promoted, and any specific aims, targets, and/or goals;
- c) ensure evaluations are outcome-focused and reflective of how effective the planned care has been; and
- d) ensure care plans and risk assessments to support restrictive measures or restraint clearly identify and set out how people's health, welfare, and safety needs are to be met in line with good practice and legislation.

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: '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 28 March 2024.

Action taken on previous requirement

Personal plans we reviewed provided current, detailed, and accurate information to support staff when providing care and support.

Personal plans were person-centred and outcome-focussed and had involved the views of the resident and their families. There was improved information as to how to effectively support residents' independence and this was reflected throughout the personal plan.

Evaluations had been completed monthly and where support needs or health had changed, the service had worked hard in exploring ways in which to keep people safe while implementing the least restrictive support measures. This information was recorded within personal plans and the associated risk assessments.

Met - within 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 ensure people feel valued and their views and choices respected, the management team should look at ways of encouraging people to engage in more regular methods of consultation and participation. Any suggestions/requests resulting from this should be recorded within an action plan and updated until concluded to ensure positive outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

This area for improvement was made on 28 March 2024.

Action taken since then

Various ways had been introduced to seek people's views, such as surveys, focus groups, and meetings. This had generated lots of engagement with residents and families and action plans were completed as a result of suggestions made.

We could see where there had been actions taken as a direct result of suggestions and views gathered by the service. Residents also told us they had been consulted with about developments in the service and positive steps had been taken.

This area for improvement has been met.

Previous area for improvement 2

The service should review the environment for people living in the home and how it helps orientate and support people's independence. For those people living with dementia, the King's Fund Tool is 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).

This area for improvement was made on 28 March 2024.

Action taken since then

The environment had been reviewed and improvements made to help promote residents' independence.

The King's Fund Tool had been used to help identify ways in which the home could be improved for people living with dementia.

An environmental plan also showed the commitment the provider had to continuing to make improvements. The service should continue to assess, maintain, and develop the environment.

This area for improvement has been met.

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
1.1 People experience compassion, dignity and respect	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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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

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