

Applecross Nursing Home Care Home Service

Levernholm
By Hurlet
Glasgow
G53 7TG

Telephone: 01418 811 507

Type of inspection:
Unannounced

Completed on:
12 June 2024

Service provided by:
Applecross Nursing Home Limited

Service provider number:
SP2003002367

Service no:
CS2003010474

About the service

Applecross Nursing Home is registered to provide a care home service to a maximum of 82 people. This is comprised of 60 places for young physically disabled adults and 22 places for older people. The provider is Applecross Nursing Home Limited, a family-owned company with Applecross Nursing Home as their sole service. The home supports people who live with a wide range of support needs, examples include; physical disability, mental health, learning disability, dementia, and frail elderly.

The older people's service is based in a historic house with a modern extension over three floors, providing accommodation for the younger physically disabled people.

All rooms are single bedrooms. In the modern building, all rooms have en-suite facilities with showers. Some rooms in the older part of the building have to share bathrooms. Each unit has shared bathrooms and a resident's lounge with adjacent dining area, also used for group activities. The home has an accessible garden for residents' and relatives' use.

Applecross Nursing home is based in Hurler in Glasgow, the building sits in private grounds down a private lane off a main road. At the time of this inspection there were 79 people staying in the home.

About the inspection

This was an unannounced inspection which took place from 10 to 12 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 nine people using the service and one of their family.
- Spoke with 15 staff and management.
- Observed practice and daily life.
- Reviewed documents.

We also used responses received on electronic surveys as part of our evaluation. We received responses from:

- 36 people using the service
- 39 family carers or friends
- 71 members of staff
- And 10 visiting professionals.

Key messages

A multidisciplinary staff team supported people to have their health needs met.

The home had a strong focus on training and supporting the staff team with learning and development.

Good monitoring systems and self-assessment systems supported leaders to plan improvements and shape the future of the service.

People were engaged in their community where possible.

The staff team felt well supported by leadership and were enthusiastic about their jobs.

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 staff team?	5 - Very 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 found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

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

The home employed a multidisciplinary staff team including nurses, a physiotherapist and an occupational therapist. This team ensured that personal plans included robust assessments of people's health needs. Referrals were made to other professionals when required, including speech and language therapists and there was good use of communication support tools in the home. All elements of people's needs were considered, including their physical, wellbeing and communication support needs. There were robust quality assurance systems in place which ensured plans were reviewed and monitored regularly which meant that plans continued to reflect people's needs.

Medication recording was completed well, and the system was designed to alert the clinical lead to any issues or missed medications. The clinical lead was able to use this information to consider if medication reviews were required. Good moving and assisting practices were evident in the home and these were supplemented by in house training and monitoring of practice. Staff were regularly observed in their practice and given feedback on how well they were doing and if they could improve. This ensured people were supported by a team with the skills and knowledge to provide a high standard of care and support.

People were encouraged to direct elements of their own care where possible. There were some very good examples of people receiving personalised care and support which included choosing who supported them. One person living in the home stated; "the staff couldn't do any more for you" and family members also reflected that they had always been satisfied with the level of care on offer. This meant that people were receiving the right amount of care to suit their needs.

The home employed a team of activities workers and had introduced two new befriender posts. People told us that they had noticed the impact of the increased team and felt there was a good range of activities taking place both in the home and in the community. Individuals were supported to attend events including the cinema, museums, nightclubs and days out while in the home there were a range of activities on offer. Residents were encouraged to move and exercise with regular chair exercises taking place as well as outings and encouragement to use the outdoor space. This ensured that people's needs for stimulation and socialisation were met.

End of life care was managed in line with the person and their family's needs and wishes. End of Life Plans (also known as anticipatory care plans) were in place where people had agreed to talk about them in advance. Efforts had been made to encourage more people to discuss their end of life wishes by using booklets designed to support these difficult conversations. When people reached the end stages of their lives the management team re-opened these discussions to ensure that people had the support and care they wished for at this time. This ensured that people were supported in line with their wishes when they reached this stage of life.

Staff at all levels understood how to support people who lacked the capacity to make decisions that keep themselves safe. There was support for decision making where appropriate and proxy decision making where legal powers were in place.

The service balanced people's rights and safety well with a good attitude to managing risk.

There were systems in place to monitor care such as pressure ulcer cross, falls cross, and an electronic medication recording system. These monitoring systems showed that the home rarely had any issues with falls, medication administration or ensuring that people's skin was cared for. People could be confident that any patterns or developing issues would be picked up by the monitoring systems.

People benefited from access to a tasty, varied and well-balanced diet. They chose from a variety of, meals, snacks and drinks which reflected their cultural and dietary needs and preferences. Staff shared information appropriately when they observed changes in people's eating and drinking. People told us the food was good and there was a choice with a few commenting that portions could be bigger and that maybe some more variety would be nice. But on the whole people were happy with the meals provided. People enjoyed their meals in an unhurried, relaxed atmosphere when and where they wanted to. People benefit from a wide range of aids and have the required support. We heard that some staffing changes had been made to provide additional support for individuals to eat. This ensured that people were supported to eat well and offered a range of options.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and these supported positive outcomes for people, therefore we evaluated this key question as very good.

Quality Indicator 3.2 Staff have the right knowledge, competence and development to care for and support people

We reviewed recruitment files for recently recruited staff and found that these followed best practice guidance. Following recruitment there was a thorough induction programme that had to be completed and signed off by a supervisor. This included reflective activities and checking of understanding as well as completed both online and face to face training. This meant that people were supported by a staff team who were recruited safely and monitored in the early stages to ensure they carried out their tasks appropriately.

The provider placed great importance on training. One staff member had overall responsibility for devising training schedules and ensuring that the team were up to date with mandatory training. This role had developed over the previous year and staff members told us they had noticed that they were receiving more training and a good standard of support for their learning. Staff were well trained including training on health conditions, specific to the needs of individuals living in the home. This ensured that staff members had the knowledge they needed to provide good quality care to everyone resident in the home.

The home used a recognised tool to assess the staffing numbers required to provide care for people. This ensured that staffing numbers were suitable to meet the needs of residents and people were supported in an unhurried way. The recent appointment of befrienders should further enhance the staff team's ability to provide bespoke support to meet residents' social needs, their outcomes and aspirations. Staff numbers were increased to support people when they needed extra support such as at the end of life care or those who needed more support with eating, which ensured that care was responsive to people's changes needs.

Staff told us that the whole team were really supportive and work well together, including the management team who are visible on the floor.

The management team were responsive to staff. For example, staff working night shift wanted more notice about where they would be deployed and have since been provided with this information in advance. Team members felt supported and valued by their employer as they were regularly thanked for their hard work. The management team acknowledged difficult times, either at work or in staff members' personal lives and offered support or solace when required. Overall, staff told us they felt good about working there, had positive working relationships with each other and many mentioned that they felt like it was a "family". Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable. This meant that there was a warm, supportive and friendly atmosphere in the home and people benefitted from this.

Staff received supervision regularly, the format of this allowed for staff members to receive feedback on their work and for staff to discuss any issues they had that impacted on their work. Staff felt supported by this process with one member of the team saying that the process of supervision "reassured me I was doing well by saying what is positive about what I did". This ensured that the staff team had the support they needed to provide very good care.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

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 iartras.

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.