

Spiers Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 June 2024

Service provided by:
SCCL Operations Limited

Service provider number:
SP2014012299

Service no:
CS2014326143

About the service

Spiers Care Home is registered to provide a care service to a maximum of 45 older people. Within the maximum of 45 places, two places can be provided for named individuals under the age of 65 years. The provider is Anavo Care Group Limited.

The home is in the centre of Beith and is close to local amenities and transport links. Accommodation is located on the ground floor and is built around a central courtyard and garden area. There is some access to the enclosed central garden areas.

All bedrooms are single occupancy with ensuite toilet facilities and some with a shower. There are three units, each with their own separate lounge/dining areas.

There is a small therapy/relaxation room and a hairdressing salon. There is also a café room, used mainly for visitors. The accommodation on the upper floor is used only for staff for manager's office, training room and maintenance.

About the inspection

This was an unannounced inspection which took place on 18, 19 and 21 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 eight people using the service and seven of their relatives
- Spoke with 13 staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- The provider needs to immediately invest in, and improve the standard of the care home environment by implementing a programme of refurbishment and upgrading.
- Due to the changes of manager, it will take time to establish continuity to the leadership of the service.
- The temporary manager has provided some stability and positive progress in taking the service forward.
- The provider needs to ensure the management of the home is supported in their roles.
- There has been recent staff turnover, however, there is still a core group of staff with years of experience in the care home, who know people well and are working hard to support them.
- Feedback we received from both people living in the home and their relatives was positive and they were appreciative of the staff and the care and support provided.

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People living in care services should be treated with dignity and respect. We observed all staff working and engaging with people in a respectful manner. We received feedback from people living in the care home and their relatives, who were happy with the care staff and the standard of care and support provided by the staff team. This helped to create a friendly and welcoming atmosphere within the home.

We observed mealtimes and found that the experience was varied throughout the home. This included people sitting waiting long periods for their meals. Some foods being transported without adequate cover and hot foods with only cling film over them to keep them warm. People in wheelchairs were left sitting in them at tables. We discussed this in more detail at feedback with the service management and highlighted particular areas of the home that needed attention and actions required to improve the dining experience for people in the care home. (See Requirement 1)

We would however note that when staff were interacting with people to support their dietary and nutritional needs this was done with care and attention to their needs and we observed several staff engaging and supporting people with compassion and consideration.

We reviewed the personal planning documentation that set out how each person should be supported by staff. We found some were of a good standard, however, this varied with some plans needing more detail in terms of specific instructions around stress and distress behaviours. Review information also needed to be enhanced and input from relatives and people supported improved.

We found some gaps in medication administration records. Medication administration procedures and documentation need to be improved to ensure that people receive their medication as prescribed. (See Requirement 2)

It is important that people have opportunities to be involved in a variety of activities. This helps to maintain their general physical wellbeing and supports good mental health. We saw that often staff were busy on task orientated care delivery and therefore had little time to engage people in meaningful activities. We saw that for many people engagement from staff tended to be task driven. There were long periods of time when there was no engagement from staff. (See Area of Improvement 1)

Requirements

1. By 30 August 2024, the provider must improve the mealtime experience to support people's health and quality of life.

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

- a) ensure that staff have training to ensure they know how to complete nutritional risk assessments and fluid charts accurately
- b) ensure that personal plans reflect people's nutritional and hydration needs
- c) review the number of staff on shift and how they are deployed to ensure that people are supported to eat and drink

This is to comply with Regulation 4(1) (a) 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) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

2. By 30 August 2024, the provider must ensure that medication administration procedures and records are completed to a high standard to ensure that people receive their medication as prescribed.

This is to comply with Regulation 4(1) (a) 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: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and "If I need help with medication I am able to have as much control as possible" (HSCS 2.23).

Areas for improvement

1. The service should ensure that people living in the care home have access to opportunities to engage in meaningful activities including at weekends.

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There has been recent changes to the management of the service. At this inspection the provider had put in place a temporary manager with the prospect of a new manager commencing after recruitment procedures were completed. The provider needs to ensure that there is some stability and continuity with the management of the service. (See Requirement 1)

We would note however that the feedback we received during this inspection was positive about the input of the temporary manager. The temporary manager had taken charge of the situation and provided the home with leadership and support when it was needed.

It is important that services have effective systems to assess and monitor the quality of the care and support provided. This helps drive service improvement which results in better outcomes for people living in the home. We saw there were numerous quality audits being completed to assess and monitor the quality of the service provision. The information from these audits are supposed to inform the service improvement plan with actions assigned to individuals. This helps to drive service improvement which results in better outcomes for people. However, the outcome of audits were not resulting in improvements.

For example, the care home environment was in need of improvement, care planning and medication documentation also needed attention.

Therefore, the quality assurance processes in place, including work on previous areas for improvements, self-evaluation and improvement plans, were ineffective. The approaches taken were not sufficiently detailed to demonstrate the impact of any planned improvement. There was also a lack of clarity regarding the purpose of some audits, resulting in no action plans, therefore minimal improvements.

Oversight of audits and any data gathered was insufficient to support improvement activities effectively and to embed changes in practice. The outcome of audits should be reflected in the service's improvement plan to ensure that action is taken on any issues identified. The improvement plan should also take account of the outcome of complaints and adverse events. (See Area for Improvement 1)

Requirements

1. By 30 August 2024, the provider must demonstrate that there is a stable management system in place to support better outcomes for people living in the home, and that quality assurance and improvement is well led.

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

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) use feedback from people living in the home, their families and staff to inform service development
- c) ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan
- d) review the service improvement plan regularly to ensure that actions detailed are effectively improving outcomes for people living in the home

This is to comply with Regulation 4(1)(d) 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 robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. The provider needs to demonstrate that their extensive quality assurance procedures are actually resulting in improvements to the service. These audits need to be meaningful and effective in identifying issues or concerns but also to evaluate and analyse the data and information to inform changes and developments to further improve and enhance the service provided.

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 robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People living in the care home and relatives we spoke with commented positively about the staff team in the home describing them as kind, friendly and welcoming. We saw that staff were working hard to ensure good standards of care for the people they supported. There was effective teamwork across the different teams working in the home which supported good outcomes for people.

Staff we spoke with told us that they felt supported by the temporary management team. We saw that there was some staff supervision in place. This needs to continue to ensure that staff are properly supported in their job roles and have opportunities to discuss their learning and development needs and reflect on their practice.

The service should continue to develop the role of 'champions' within the staff team to lead on specific aspects of care and support. This would enhance the knowledge of staff, support ongoing assessment of staff practice and improve outcomes for people living in the home. (See Area for Improvement 1)

We reviewed the service's recruitment procedures. Administration staff ensured that all necessary procedures and documentation was in place prior to anyone working with vulnerable adults in the care home. All documentation we sampled was completed appropriately.

At the feedback meeting we discussed the importance of ensuring that staffing is assessed, planned, and evaluated. This helps to show there is a consistent approach based on good practice principles. (See Area for Improvement 2)

Areas for improvement

1. To ensure that staff have the skills, knowledge and understanding to fulfil their role, the provider should ensure that observations of staff practice and competency checks are done at regular intervals.

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 robust and transparent quality assurance processes' (HSCS 4.19).

2. To support consistent high quality care and support the provider should ensure that the continuing assessment, planning and evaluation of staffing is transparent, evidence-based and focussed on achieving good outcomes for people.

This should include, but is not limited to, feedback from service users, family and staff; quality assurance outcomes and clinical governance; staff wellbeing and individual needs, abilities, characteristics and circumstances.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My needs are met by the right number of people' (HSCS 3.15).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We saw that the care home environment was in need of some urgent attention with respect to upgrading and refurbishment. The main lounge dining area in Melrose was in particular need of some re-decorating and attention. The central secure garden areas were also in need of some attention to make this an accessible asset to the home. This could be a really nice place for people to sit outside and enjoy fresh air and sunshine. (See Requirement 1)

The maintenance records were up to date to show that checks of the equipment and safety of the home were completed. The maintenance worker had a good understanding of their role and was working hard to ensure that the home was safe, and people were protected from harm.

Despite the disappointing standard of the care home environment, which was looking tired and worn and in need of redecoration and refurbishment, we found the domestic team to be hard working and motivated in keeping the home as clean and tidy as possible.

There were cleaning schedules in place and we observed the domestic staff to be knowledgeable about products and their use. We also noted how well they engaged with the people in the care home. We saw some really nice engagement and interactions.

The housekeeping team had good knowledge of their role and responsibilities to ensure that cleanliness of the home was maintained. There were effective systems in place to ensure that good standards of cleanliness were maintained.

The shared bathrooms were clean and well maintained. However, bathrooms were at times untidy with moving and assisting equipment or residents belongings. In addition, some corners of lounge areas and around desks with computer equipment on for staff were cluttered and untidy. (See Requirement 2)

Requirements

1. By 30 August 2024, the provider must implement an immediate improvement programme for the care home environment. This should include the central secure garden area, Melrose unit in particular and a general refurbishment and upgrading programme for the care homes internal and external environment.

This is to comply with Regulation 14 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' (HSC 5.24).

2. By 30 August 2024, the provider must ensure the facilities are of a high standard.

To do this the provider must, at a minimum:

- a) ensure the manager does a daily walkaround to assess the safety, cleanliness and maintenance of the home and garden and act promptly on any findings
- b) put in place planning, systems and procedures for the home to be decluttered, maintained and kept clean, after agreeing and sharing this plan with the team
- c) seek to be less risk averse and make the garden more freely accessible to residents

This is to comply with Regulation 14 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' (HSC 5.24).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should have a personal plan which details their current care and support needs. This ensures that staff are effectively directed to support the individual, taking a consistent and agreed approach.

We sampled several personal plans and found that they contained relevant information to ensure that staff were directed on how to support people's health and wellbeing needs. We found the standard of personal planning and recording was variable with some good plans written with a person centred focus and reflected people's personal choices and preferences.

The service needs to ensure that the standard of personal planning is consistent. (See Area for Improvement 1)

We saw that plans contained appropriate health and risk assessments to identify individuals care and support needs. This helped to support people's health needs and promote their safety. And provided staff with clear guidance on how to facilitate regular health checks and treatment, and on what to do in a physical or mental health crisis.

Personal plans showed that people and their representatives were involved in regular care reviews. This gives people opportunity to formally discuss their care and support and make decisions about their future care. This promoted people's sense of wellbeing, as well as their skills and confidence.

We saw that legal documentation was in place to ensure that staff were aware of who had legal rights for the people they supported. This helped to keep people safe and ensured that people and their representatives were involved in any decision making procedures.

Areas for improvement

1. The service needs to ensure that the standard of personal planning documentation is consistent and reflective of people's current care and support needs, choices and preferences.

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 my personal plan, which is always available to me" (HSCS 2.17).

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

The service needs to continue to develop the continuity of information and details into the electronic care plan system to ensure that anyone being admitted to the home has all the necessary information that staff require to support that person. This should include background and historical details that help to create an overall picture of the person and their personal life histories. This helps to ensure that staff can engage with people and talk about their lives and make them feel valued and cared for.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care because people have the necessary information and resources' (HSCS 4.27)

This area for improvement was made on 28 April 2023.

Action taken since then

From the sample of care plans we reviewed, we saw some good detail in some of them, however this was not consistent. We also noted that areas of stress and distress behaviour management and as required medication could be more detailed and descriptive. For details see Key Question 5 of this report.

Previous area for improvement 2

We noted the service manager undertaking considerable audits and some were good. However, others lacked the focus, as we found issues that should have been identified within these audits but were not. We spoke at length to the manager, deputy manager and the area manager during feedback, regarding the amount of auditing being done and asked the provider to consider the value and outcomes of this extensive quality assurance procedure that still did not identify areas of concern adequately. For example, to ensure people's health and care needs are correctly documented and met, the provider should improve recordings in daily charts and records, in particular the medication administration and storage requirements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care because people have the necessary information and resources' (HSCS 4.27)

This area for improvement was made on 28 April 2023.

Action taken since then

We have highlighted the issues relating to the extensive auditing systems and procedures in place and the fact that despite this extensive quality assurance processes the outcome of this inspection raised concerns over a number of issues that should have been dealt with.

In particular, referencing the standard of the care home environment. The audits should have been identifying these issues and addressing them through appropriate action plans to enhance and make improvements to the service.

This is further detailed in Key Question 2 of this report and this issue will inform a requirement.

Previous area for improvement 3

The provider needs to continue to develop and support staff through supervision and training requirements to ensure that the staff team have the right skills, knowledge and assessment of their performance to continue to provide high standards of care and support to the people they care for.

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 area for improvement was made on 28 April 2023.

Action taken since then

Since the last inspection there has been a change of manager, with a temporary person in post until a full time permanent replacement can be recruited. There has also been some considerable changes in the staff turnover. This has meant the staff supervision and support procedures are still in the early stages. We did, however, receive positive feedback about the temporary manager and the supportive and good leadership standards they exuded, which helped to reassure and support the staff team.

For details see Key Question 3 of this 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
2.2 Quality assurance and improvement is 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
4.1 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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