

Campsie View Care Home Service

Canal Street
Kirkintilloch
Glasgow
G66 1QY

Telephone: 01417 778 880

Type of inspection:
Unannounced

Completed on:
5 August 2024

Service provided by:
Four Seasons Health Care (Scotland)
Limited, a member of the Four
Seasons Health Care Group

Service provider number:
SP2007009144

Service no:
CS2003010436

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com.

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Campsie View care home is located in the Kirkintilloch area of East Dunbartonshire. It is registered to provide a care home service to a maximum of 90 older people, of which 56 will have a diagnosis of dementia. Of these 56 places, 29 will be available in Rob Roy unit and 27 places will be available in Wallace unit. The remaining 34 places will be for frail elderly and will be available in Bruce unit. There were 72 people living in the home at the time of our inspection. Of the total 90 places available, two respite places can be made available in each unit at any one time.

The provider is Four Seasons Health Care (Scotland) Limited, a member of the Four Seasons Health Care Group. Accommodation consists of three separate units. The Wallace and Rob Roy units are located on the ground floor; within these units, support is delivered to people living with dementia. The Bruce unit covers the upper floor, where people have been assessed as 'frail-elderly.'

All bedrooms within the service are single with ensuite toilet facilities.

Each unit has a communal lounge, dining area and shared bathing and showering facilities. Access to garden areas is available. The service is situated close to local amenities and public transport.

About the inspection

This was an unannounced inspection which took place on 16, 17 and 18 July 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 seven people using the service and six of their family and friends
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff were very good at developing meaningful relationships with people.
- The manager and seniors were highly knowledgeable about aspects of the service which required improvement.
- People were fully involved in planning their support.
- People were connected with family and friends and need to be more involved with the wider community.
- People and their loved ones were exceptionally happy about the care they received.
- The service had a partially completed self evaluation and information appeared accurate and appropriate.

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 how 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

People benefited from very efficient health care assessments which were led by registered nurses and knowledgeable, competent support staff. People had access to a variety of medical and social care professionals to offer a comprehensive approach to their health and wellbeing.

Staff had built meaningful relations with people and were familiar with their preferences and needs. This contributed to people achieving great outcomes, such as being able to mobilise again following long periods of non-mobilisation and increased confidence in daily tasks. Staff responded to people in a caring and respectful manner which supported people's comfort and dignity.

Some comments from people experiencing care were "Everyone of the staff are excellent, both day and night staff", "If I press my buzzer, they come very quickly", "The food is good, if I want something else, I get it", "I can get up and go to bed whenever I choose."

Skin care was maintained well due to very good monitoring and observations on a regular basis by staff. Where skin deterioration was identified, this was responded to promptly with good effect. As a result, most people experienced very good skin integrity.

Medication administration was very well recorded and managed which supported people to accomplish their health outcomes. Audits of medication also confirmed this. As required medication was recorded with effects. There appeared to be no overuse of these.

We observed various food choices being served including snacks offered throughout the inspection. Where people needed fortified food and drinks, we found some inconsistencies in staff's understanding. This training should be refreshed for some staff until the full team are confident in this area. This will ensure people have the best outcomes relating to nourishment. The new deputy was already working through this with staff.

Guardianship orders and Adults with Incapacity forms were in place where necessary. Timescales for these powers should be monitored and updated if necessary. This would offer reassurance to people that their rights were acknowledged and understood by all staff.

The service had made considerable progress in supporting people out and about in their local communities. People we spoke to also confirmed this saying how much they enjoyed their walks or going shopping. This meant people could be present in their communities, access fresh air and have a sense of wellbeing.

The staff team had made some progress towards supporting people to gain and maintain their independence such as folding laundry and returning their meal plate to the kitchen. However, this was only a few examples and not embedded in their daily living. We repeated this area for improvement.

A few care plans we sampled had good and person-centred information about people. However, the management team had not yet fully established each person's one page profile. This meant that new staff or agency staff could not see a quick and accessible route to read about who the person was. Therefore, we have repeated this area for improvement.

How good is our staff team?

5 - Very Good

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

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

The staff team had made considerable progress in attending all mandatory training. This included subjects of specific conditions that people had, such as Autism and Parkinson's disease. This meant that people could receive support which was tailored to understand their needs and staff were able to adapt their approach.

Communication between staff was effective and regular both formally and informally. Handovers between shifts updated staff on people's wellbeing and coordinated the support around people's medical and social support needs. As a result, people could be assured they received the right care at the right time.

The manager and the team had made substantial progress in building an improved team culture. This built the foundations of a very comfortable, relaxed and homely atmosphere for people to live in.

Relatives and people we spoke to advised us that staff were excellent and they could not fault them. Relative surveys stated that all staff went above and beyond their roles to ensure they met their loved ones needs. Relatives had built a feeling of trust and security that their relatives were safe in the care of the manager and staff team. Some comments from relatives "The staff are excellent", "All staff you speak to from every department are fantastic."

Staffing levels were assessed and appropriate to meet people's care needs. This was regularly monitored by the manager to ensure people's safety and wellbeing. Some examples noted were if people's health or wellbeing deteriorated, staffing levels were increased to meet the extra support needed.

The new Safer Staffing Legislation enacted on 1 April 2024 was discussed with the manager. This imposed a duty on all health and social care providers to make sure they always have suitably qualified staff working in the right numbers for safe and effective care. The principles of the act had been adopted by the service although moving forward they would embed this further into their practice.

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 maintain their skills and independence, the service should offer opportunities which allow this to be embedded in their daily living.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This area for improvement was made on 27 July 2023 and will be repeated on 5 August 2024.

This area for improvement was made on 27 July 2023.

Action taken since then

We found that the service had made small advances toward achieving this area for improvement. There was an example of someone folding laundry and a person returning their plate and cutlery to the kitchen area. However, supporting people with their independence and human rights should be embedded and part of people's everyday life. There should be clear evidence in their care plans and care plan reviews to evidence how this is being accomplished.

Previous area for improvement 2

The provider must ensure that care plans are personalised to present a good description of who the person is, such as a one-page profile.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as 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).

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Action taken since then

A few care plans we sampled had good and person-centred information about people. However, the management team had not yet fully established each person's one page profile. This meant that new staff or agency staff could not see a quick and accessible route to read about who the person was. Therefore we have repeated this area for improvement.

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
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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