

Kyle Court Nursing Home Care Home Service

23 Lochore Avenue
Paisley
PA3 4BY

Telephone: 01418 491 889

Type of inspection:
Unannounced

Completed on:
12 July 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300847

About the service

Kyle Court Nursing Home is a care service for up to 60 older people, operated by HC-One Ltd. It is located in a residential area of Paisley close to transport links and a range of local amenities.

The service provides accommodation over two floors with 30 single en-suite bedrooms on each floor. There are shared bathrooms and shower rooms on each floor.

There is a large open plan lounge and dining room and a range of smaller lounges on each floor. There is access to a well maintained garden at the rear of the building.

At the time of this inspection there were 56 people living at the home.

About the inspection

This was an unannounced inspection which took place on 9, 10, 11 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 six people using the service and seven of their family members
- Spoke with 13 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals
- Reviewed 17 survey responses.

Key messages

People's health was well managed and there were good relationships with local healthcare partners.

Quality assurance was thorough which supported service development and improvement.

Staff worked well together to provide good quality care.

Staff were well trained and competent but formal supervision needed to improve in order to support staff development.

The service had been using higher numbers of agency staff in recent months, which has had some impact on continuity of care.

The service was clean, homely and comfortable but some areas of the décor required a refresh.

Personal planning was person centred, which helped people to feel included and in control of their care and support.

As part of this inspection, we assessed the service's self-evaluation of key areas.

We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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 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?	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 evaluated this key question as very good, because we identified major strengths which supported positive outcomes for people.

The service had effective systems in place to assess and evaluate people's healthcare needs. Good communication within the service supported senior staff to have oversight of changing needs. People had personal plans which were regularly updated and thorough. These included appropriate risk assessments and effective recording of health outcomes where required. Personal plans were used to inform discussions with external health professionals, to ensure people received the right healthcare at the right time.

The service had good processes in place for managing people's medication. These processes were enhanced by good working relationships with local GP practices which helped to ensure medications and health needs were reviewed as required. Effectively managed daily meetings helped to ensure appropriate sharing of health information amongst the team, to identify the appropriate level of healthcare input for people. Feedback from families and people using the service reflected that health and wellbeing was a priority for the service, with health needs being well understood and addressed appropriately.

The service ensured that people had access to food and drink that met their needs and wishes. Mealtimes were well organised, relaxed and enjoyable. There was a good range of food on offer which included access to snacks and drinks throughout the day. Kitchen staff had undertaken training appropriate to their role and had access to good quality information about people's nutritional needs and preferences. There were opportunities for people to provide feedback about the food and to be involved in planning menus. People told us they enjoyed their meals and we observed the chef interacting regularly with residents to seek their views. This meant that people had opportunities to be involved in choosing meals they enjoyed which supported a healthy attitude to food and drink.

How good is our leadership?

5 - Very Good

We identified major strengths in leadership which supported positive outcomes for people. We have evaluated this key question as very good. We identified some areas for improvement which didn't have a major impact on people's outcomes but should be addressed to promote consistency for people.

The service had effective quality assurance systems in place which were used to drive improvement. Quality assurance activities were overseen by the manager of the service with additional oversight and direction provided by the senior leaders in the organisation. These activities were well organised with clear schedules for completing audits. These included oversight of staff training, staff competency, medication systems and personal plans. Where improvements were required, clear timescales were identified with leadership and guidance provided at an organisational level. This meant that people could be assured that the quality of the service was being monitored with safeguards in place, to ensure improvement activities were completed. We asked the manager to consider how quality assurance activities could be shared across the staff team to ensure staff had input into development of the service.

People and their family members told us they felt confident to give feedback and that managers were available to respond to their queries. The service had a comprehensive complaints policy which included options for escalation to senior managers where required.

We saw examples of 'lessons learned' discussions taking place with key staff and leaders where there had been mistakes or incidents in the service. This meant that staff and leaders could learn from incidents and improve their practice as a result of feedback. Regular staff meetings provided opportunities for staff to share their concerns. These meetings were carefully recorded and shared to ensure all staff were included in feedback.

While the service had some systems in place for capturing informal feedback, some improvement was needed, to ensure this feedback could inform service improvement. There was a service improvement plan in place but this didn't always reflect the voice of people using the service, or how changes could improve their outcomes. See area for improvement 1.

Staff should expect to have access to regular opportunities to discuss their practice and development. We saw records of staff supervision and a supervision tracker which showed that these sessions were taking place. Supervision sessions were not well recorded and we found it difficult to track discussions about staff development, training and practice issues. See area for improvement 2.

Areas for improvement

1. To support people's involvement in service improvement, the provider should ensure both formal and informal feedback is gathered, analysed and included in the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4.8).

2. To support staff learning and development the service should ensure staff have regular access to formal supervision. Written supervision records should reflect the discussion that took place and identify goals for staff development and training.

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, area able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14).

How good is our staff team?

4 - Good

We found a number of important strengths which, taken together, clearly outweighed areas for improvement. We have therefore evaluated this key question as good.

People should expect to experience stability in their care and support which should be delivered by people who are appropriately trained and effectively deployed to meet their needs. The service managed this by ensuring an effective skill-mix and promoting good communication between staff and leaders. We observed staff being deployed effectively and staff told us they were clear about their responsibilities and who was leading each shift. Staffing decisions were made based on the level of dependency in each unit. Information about staffing numbers was made available to people using the service and their representatives.

We identified that there were some staff shortages in the kitchen and domestic teams at times, which could have an impact on staff wellbeing and people's outcomes.

We asked the service to continue to monitor staff workload, to ensure sufficient cover is available to maintain quality and ensure staff are appropriately supported.

Staff worked well together and communicated effectively to ensure people experienced consistent care and support. We observed skilled and compassionate care and people being supported in ways that were personalised and thoughtful. People told us that staff were kind and took the time to get to know them well. The service had experienced some difficulty with recruitment of care staff and had been using more agency staff than normal in recent months, particularly for night time nurse cover. Recent recruitment to nursing posts had been successful and the manager hoped this would help reduce use of agency when these new nurses have completed their initial training and induction.

Some staff told us they experienced additional pressure due to supporting newer team members to settle in to their roles. Staff were confident that people still received good quality care and told us they were generally satisfied with the measures leaders had taken to address staffing shortages. The service had both formal and informal measures in place to support communication, including daily handover meetings and an open door policy to speak to the manager. This helped to ensure staff had access to the support they needed. Staff were confident about sharing key information about people's wellbeing when required. Discussions with staff reflected an ethos of care and kindness in the service which was also reflected in positive feedback from people and their families.

How good is our setting?

4 - Good

We evaluated this key question as good, as there were a number of important strengths which outweighed areas for improvement. These strengths had a positive impact on people's experiences and outcomes. Some improvements were required to ensure consistently positive experiences for people.

The service was purpose built to cater for people with a range of support needs and was laid out in a way that helped to maximise independence. There were a range of good quality facilities including accessible shower rooms and bathrooms and plenty of space for moving around. This supported safe use of equipment such as hoists and walking aids. Signage throughout the service was good and followed the dementia friendly principles of the King's Fund Audit which promotes good standards for people living with dementia (Is your care home dementia friendly? Kings Fund, 2020).

The setting was comfortable and homely and provided different spaces to enable people to experience both small-group living and quieter spaces. We observed people spending time in dining areas, lounges and their own rooms at different times. People had access to spaces to spend time with visitors and a range of areas to enjoy communal activities. People's rooms were personalised and well-presented which helped people to feel at home.

The service was clean and fresh with plenty of space and light throughout. While the home was generally well presented, there were areas where a refresh of the environment was required. Some paintwork and flooring was 'tired' and in need of replacement and staff areas were in need of refurbishment. These issues had been identified in the service improvement plan. We asked the provider to prioritise these improvements to ensure the environment continues to meet people's needs. See Area for improvement 1.

Day to day maintenance of the environment was well organised with oversight by the manager and senior leaders in the organisation. There were good standards of infection prevention and control and staff had been trained to minimise the spread of infection through good hygiene practices.

Cleaning schedules were followed carefully which demonstrated good practice. We asked leaders to review the paperwork used by domestic staff, to ensure it was meaningful and supported managers to identify domestic cleaning priorities.

Areas for improvement

1. In order to ensure the environment continues to meet people's needs, leaders should audit the quality of the environment and identify priority areas for improvement. People using the service and their representatives should be consulted about improvements to ensure their views are heard. The environmental improvement plan should identify timescales for improvements using SMART principles (Specific, Measurable, Achievable, Realistic, Time-bound).

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 5.24).

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good, as we identified major strengths in personal planning which supported positive outcomes for people.

The service used personal planning effectively to plan and deliver support to people. There were a range of carefully written care plans and meaningful risk assessments in place which were regularly reviewed as people's needs changed. Personal plans were person-centred and clearly reflected people's desired outcomes and preferences. There was regular quality assurance of personal plans and leaders were clear about the expected standards. We encouraged the manager to continue to support staff to develop their skills in personal planning, to ensure continued good practice in this area.

The service undertook regular six monthly reviews of people's care and support and had effective working relationships with external partners such as health professionals and social workers. This helped to ensure people and their representatives had formal opportunities to share their views and address issues or concerns. Leaders had a clear understanding of the role of advocacy and external partners in promoting positive outcomes for people. Where family members were unable to attend reviews, the service was taking time to gain their input by telephone or at future visits. This meant that people could be assured they, or their representative would be consulted about their care needs. Future care planning and planning for end of life care was well managed in the service and done in consultation with people's GP where appropriate. The service obtained supporting legal documentation to ensure people's legal rights were upheld.

People were supported to be involved in directing their own care and support. We saw some very nice examples of personalised recording in personal plans which reflected a good understanding of the person and what was important to them. People told us they felt involved and family members told us they felt the service knew their loved ones very well and supported them in the ways they wanted. This meant that people could expect to be included in decisions about their care throughout their time at the service.

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 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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