

The Argyle Care Centre Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Clearvue Investments Limited

Service provider number:
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Service no:
CS2005111774

About the service

The Argyle Care Centre is registered to provide care for 58 older people, some of whom may require nursing care.

It is situated on the edge of Helensburgh's conservation area. The home is a short stroll from transport, shops and the wide range of facilities located in Helensburgh Town Centre.

The Argyle Care Centre consists of a modern new-build unit known as 'Argyle House' which has three separate units within. This is linked to a smaller traditional Country House known as 'Argyle Lodge'.

Car parking is available at the home. At the time of our visit 49 people were being supported.

About the inspection

This was an unannounced inspection which took place on 30 July between 9:30 - 17:00, the 31 July between 6:30 - 20:30 and 1 August between 10:00 - 17:30. The inspection was carried out by three 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 five of their family
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- The manager had good oversight of service improvements required to ensure the best outcomes for people and had started the improvement journey.
- Socialisation space in all areas of the care home was limited, and as such it was difficult for all people to be involved in activities.
- Plans have been drawn to replace Argyle Lodge with a new more spacious building. This will improve facilities and space for people.
- Entrance to the secure garden area is now non restricted which meant that people could use it to improve their wellbeing.
- Staffing numbers need to be increased throughout. This is to ensure safe and consistent care for people.
- 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?	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 in the service.

We observed warm relationships between staff and people living in the home. People using the service, and their loved ones, told us the staff were helpful, caring and friendly. We saw people having fun as they were involved in the Argyll and Bute care home olympics. Activities staff supported people during this time.

People had community connections with the local primary school who came to the care home regularly. The school put on small concerts for people which they told us they enjoyed. A local choir also visited the care home regularly and people could listen or join in with the music. There were also opportunities for people to go out locally and visit a coffee shop with friends or volunteers. These local connections were meaningful to people and helped to improve their wellbeing.

Staff knew people's needs and their likes and dislikes well. This was achieved by staff having positive relationships with people, and good sharing of information between staff. The information shared at the handovers in the morning and evening was accurate and up to date. This included clinical information and also information on people's mental well being. This ensured that staff knew when there was a need to make referrals to external professionals for people. For example, people with non healing pressure sores or people with different dietary needs.

Each morning to ensure every department was clear about the actions for the day, a "flash" meeting was held. This covered all areas in the running of the care home, including maintenance, activities, menus and specific care needs.

People's medication was managed by using Medical and Administration Records (MARS). These were provided for each person in the care home receiving medication. We saw that people did receive their medication on time and in the correct dose. However, we noted that some records were completed but difficult to read due to being untidy. Robust protocols should be in place for medication administration, including "as required" medications, and staff should be clear how to use and record well. Current practice could lead to mistakes in administration. (See area for improvement 1).

We observed mealtime experiences for people and saw that in the main people enjoyed the food on offer. People's dietary needs, such as Pescatarion, Vegetarian, or Gluten free were also adhered to. The menu that was on display in each unit was written on a whiteboard, though in some units the information on it was incomplete or out of date. This meant that some people were confused about what food was available. People would benefit from having a menu clearly displayed on the tables, as well as having two pre prepared sample plates of food shown to each person to allow a better informed choice. We also saw that some of the hydration and snack stations were not well stocked. People should be able to access snacks and drinks freely, as they would in their own home. (See area for improvement 2).

We spoke with several family members and they all gave us positive feedback on the service and care that their loved ones received. One person told us that their loved ones "access to external care is very good, I am confident that they will, and have been, referred to the Dentist, Optician and G P". Another told us that "they have done very well by my (name) and looked after them well". All were confident about approaching the management team should there be any issues or suggestions they may have, and felt that they were

very responsive to ideas. They told us they had noted positive changes that had taken place in the service since the new management team had been in post.

Relatives meetings had been held and been attended by some, however for those who couldn't make it there was a bi-monthly newsletter sent out, as well as regular telephone updates from the care home.

External professionals we spoke with felt that there was a good sharing of information from the care home to themselves. They felt that staff responded appropriately to any advice or treatment they recommended for individuals. This improved health and well being outcomes for people.

Areas for improvement

1. The provider must ensure that robust medication administration protocols are in place and that records are completed clearly and accurately. This is in order to prevent the possibility of missed prescribed medication, as well as "as required" medications.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. To ensure peoples nutritional and hydration needs are met the provider should improve the overall mealtime experience for people and access to stocked hydration and snack stations.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSC 1.33).

How good is our leadership?

3 - Adequate

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

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 care home. The management team had good awareness and plans in place for what needed to improve. They carried out relevant audits throughout the care home, such as Infection Prevention and Control, Environment, Staff Training and Accident and Incident Recording. However, though these audits identified areas for improvement within the home, we found it difficult to find action plans to meet improvements. Without an action plan in place it's not possible to measure how effective the actions are. (See area for improvement 1).

There was a system in place where the manager would contact all staff to let them know what had to be actioned or improved, but there was no way of following those actions up.

We did see that there was a service improvement plan in place, however this needed to be updated to reflect the current needs. The plan should be broken down into smaller groups of tasks, with realistic timescales and space to record achievements.

We saw that management were now being trained in the use of a Risk Assessment Database And Register (RADAR). Once they are fully competent in the use of this system it will then be rolled out to staff. This database will help significantly in carrying out audits, as well as ensuring that learning and action plans are put in place and monitored.

We were pleased to see that the manager was aware of the self-evaluation tool that covers core assurances in services, and that she had attended training around this. They had already started the self-evaluation process and this will assist with future planning on the service.

There was good information kept in the service showing incidents, falls and accidents that had taken place. Incidents should be reviewed to see if any learning can be taken from them, however we could not see that this had been done. The information log also highlighted that we were not always being informed of incidents as required. Services need to notify us of incidents as this ensures that we have oversight of any areas of concern and can respond appropriately. (See area for improvement 2).

We saw that supervision with staff had taken place, but there had been a decline over recent months. Staff need to have protected time for discussion with their managers, this allows for reflection on practice, as well as an opportunity to discuss any developmental needs or training opportunities. This ensures that staff can support people with achieving the best outcomes, as well as furthering the development of individual staff.

We were able to see clearly that the care home is on a current journey of improvement. External quality managers are visible within the home supporting the manager to improve systems and processes.

Areas for improvement

1. The provider needs to demonstrate that their quality assurance procedures are resulting in improvements to the service. These audits should be meaningful and effective in identifying issues or concerns, and also evaluate and analyse the data and information. This will 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).

2. The management team should ensure that they are fully aware of notifications that should be made to the Care Inspectorate and other Governing bodies. These notifications should be sent within the correct timescales.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSC 4.18).

How good is our staff team?

3 - Adequate

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

We saw that staff communicated well with each other and that there were a good mix of staff skills in both care and ancillary posts. We did note that ancillary staff would benefit from a more appropriate spread of working hours throughout the week. This would allow for improved achievement within the ancillary team.

Mandatory training for staff covered many areas, for example Adult Protection, Infection Prevention and Control, Moving and Assisting people and Dementia. Almost all the training was completed via an electronic platform, and there appeared to be no time scale for completion during the induction period.

We saw that there had been some specialist training for staff that covered areas of care that they had not experienced before.

To ensure staff have the minimum knowledge required to provide care and support, clear timescales should be set for mandatory training, before staff can be signed off as competent. (See requirement 1).

Through speaking with staff we heard that they would benefit from receiving more face to face training for some areas of care. Not everyone has the same learning style, and for some it was more difficult to learn from an online training programme. In person training would help staff by ensuring that they felt more engaged in learning, as well as a feeling of being recognised by the organisation.

Managers should carry out observation of staff practice, which then needs to be discussed and recorded. We did not see this happening in a formal way. Team leaders and managers would address issues as they saw them happening, however there was no formal process in place to do so. This practice ensures that managers are aware where individuals require to develop their skills and knowledge, therefore ensuring the ability to provide the best care for people.

The service would benefit from carrying out a straightforward training analysis for all staff employed. This would enable a clear definition of training to be completed relevant to each role and areas identified as requiring development. The service should then ensure this analysis is actioned and followed through.

We were present at different times of the day and evening, and we saw that staffing didn't always meet the requirements of people. Many people in the service need two staff to support them in areas of personal care or ensuring safe mobility. This means that staff can be off the floor while dealing with people's needs. In regular situations such as this it can often leave no staff available to care for or assist others who may need them. (See requirement 2).

There were activity staff present during our visit, and we saw that they were able to carry out activities with some people. It was more difficult to engage people who did not like groups or preferred one to one contact only. Activities staff would benefit from some input from other groups or organisations who focus on how to engage people who may be immobile, or enjoyed only one to one contact.

We saw that staff clearly understand their roles within the service, and that they enjoyed and were committed to their work. Staff were also registered with the Scottish Social Services Council or The Nursing and Midwifery Council (NMC) as appropriate.

We examined recent recruitment files and could see that recruitment had been carried out as they should. All staff had at least two references in place, had criminal checks carried out and had provided identification. We saw that the service ensured that international staff had all the correct documentation in place before being offered a position.

Requirements

1. By 12 November 2024:

A training analysis should be carried out that will then define a clear training plan for the care home. Mandatory training must have clear timescales set for completion with a minimum of:

- Adult protection
- Infection prevention and control
- Moving and Assisting
- Dementia awareness

being achieved within the first six weeks. All other mandatory training must be completed before staff are signed off by management as being competent.

Managers must then maintain accurate records of staff induction, reflective and observed practice, supervision, appraisals and personal development plans.

This is to ensure that care and support is consistent with 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'(HSC 3.14).

This is in order to comply with Part three (Section 8) of the Health and Care (Staffing) (Scotland) Act 2019.

2. By 12 November 2024:

The provider must ensure that staffing levels are increased to the level where there are sufficient members of staff to meet the needs of all people using the service. This should be achieved in each house unit. This will ensure the best outcomes for people using the service, as well as improving wellbeing for staff.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSC 3.15).

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

How good is our setting?

3 - Adequate

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

Areas within the care home were attractive and the home was well maintained and odour free. There was good signage placed throughout both buildings which helped people know where they were. In the new building most rooms had their own toilet, but in the lodge only two rooms had their own toilet and people had to use communal toilets/bathrooms. We noted that throughout the care home some bathroom areas were also being used to store other items.

There is little room or free space in the care home for storage, and this is the case in both the new building and the lodge. This limits where items can be stored, for example laundry trolleys and Personal Protective Equipment (PPE) stations. It also impacts on the space where people can go and enjoy social activities. We know that the provider has had plans drawn for the lodge to be replaced by another new building, as well as other areas throughout being upgraded. This will improve the facilities for people who use the service.

In the new house the downstairs unit has access to well-kept garden areas. We noted there was a coded exit door that could only be used by staff. There was no entry for people once outside unless a member of staff was available to open the door back in. The decision to code the exit had been made to ensure the safety of a few people. However, there are many more people living in the care home who would benefit from freedom of access to this space. People should have unrestricted access to outdoor space that is safe to use. The garden area is safe and secure, but further security could be added with a little work. Having an additional member of staff in the unit (see in Key Quality 3 requirement 2) would also assist with the safety for individuals. We spoke with the management team about this over the course of the inspection. They were responsive in relation to positive risk taking and were moving towards the garden being more accessible for people.

We viewed all health and safety certificates for the service, and all were up to date. There had been a period when the service did not have a maintenance person in place, and as such a few areas of maintenance were seen to be out of date. We noted that Portable Appliance Testing (PAT) had not been carried out within the required timescale, and some equipment had not been tagged with safety checks as they should be. (See requirement 1).

The main kitchen and food storage areas were clean and well maintained. We noted that more care could be taken with food storage. This would ensure that not only the Chef, but all kitchen staff, had knowledge of storage and ease of access. This would assist with health and safety practice in the kitchen area. (See requirement 2).

Requirements

1. By 13 September 2024:

In order to ensure the health and safety of people using the service, and staff, the provider must ensure that all relevant health and safety checks have been carried out. This includes, but is not limited to, Portable appliance testing and testing/checking of equipment that is used to assist people with mobility. It must be recorded that this has taken place, and tags placed onto equipment to show that it has been maintained.

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' (HSCS 5.24).

2. By 13 September 2024:

The provider must implement an immediate improvement plan for kitchen staff and storage of food items. This will include, but is not limited to:

- Food must have clear "use by" dates and "removed from freezer" dates displayed.
- Staff must follow guidelines as to what food is stored where in the fridge/freezer.
- Fresh foods, such as bread, must not be stored on the floor. It may be placed there on delivery but then must be stored safely and hygienically.

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 be confident that their personal plan clearly sets out how their needs will be met, and guides staff on how best to support them based on accurate information.

Every person in the home had a personal plan in place, however there were written updates required to some which had not been completed.

We reviewed a sample of care plans and saw that these were not completed as they should be. Information on areas such as falls risk, food and nutrition and stress and distress had very little information in them. This meant that although regular and permanent staff knew people's needs due to verbal communication, any agency workers or new staff could find it difficult if looking to a care plan for information. (See requirement 1). The management team were aware of the need to improve recording within care plans, and had began working on this. We saw a copy of a sample plan that had been prepared, as well as a list of requirements that staff were expected to complete in each plan. The sample plan was written well, was outcome focused and contained all the information it should.

We were present at the daily flash meeting during inspection. These were informative meetings where daily plans were discussed, recorded and communicated to others. We also saw that day and evening handovers were of a good quality and that staff were aware of peoples changing needs on any day.

Families and relatives we spoke to felt they had been consulted well about their loved ones needs and wishes when moving into the care home. They also felt that they were regularly updated by staff and contacted when there had been any incidents.

Professionals told us that the care home made referrals to them via the persons GP, but that staff also kept good communication with them. They have seen significant improvements in the outcomes for people living in the care home.

Requirements

1. By 13 September 2024:

The service provider must ensure that each person experiencing care has an effective personal plan in place to inform their care and support. In order to do this, the provider must at a minimum:

- (a) Ensure that any person experiencing care has a personal plan in place which reflects their needs, choices and preferences.
- (b) Ensure that specific needs such as nutrition, hydration and stress and distress are well documented, assessed and updated. Risk assessments, including falls, should be accurate and meaningful and inform the plan of care.
- (c) Ensure that the personal plan is reviewed and updated as needs change and become fully known.

(d) Ensure that staff are aware of their responsibility to keep accurate and up to date records for each person experiencing care.

(e) Ensure there is more oversight from the management team so that omissions and inaccuracies in records are noted and acted upon without delay.

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 a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSC 1.15).

This is in order to comply with:

Regulation 5(1) of The Social Care and Social Work Improvement Scotland.

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

In order to provide responsive care and support the care home manager should ensure at all times there are suitably qualified and competent persons working in the care service in such numbers as are appropriate to ensure the health, welfare and safety needs of people experiencing care. The manager should also ensure staff are effectively deployed to meet the needs of individuals in a timely manner.

This area for improvement was made on 7 August 2023.

Action taken since then

We saw that the manager used a "dependency tool" to gauge the number of staff required to provide care and support. The tool does not take account of the changing health and care needs of people using the service, and therefore more staff are required in each unit.

We have reinstated as a requirement in Key Question 3 to be achieved by 12 November 2024.

This area for improvement has not been met.

Previous area for improvement 2

The care home manager should ensure that internal communication systems used to share information regarding people's health and wellbeing needs, such as flash meetings and allocation of duties are effective and well documented.

The manager should also ensure that quality assurance systems are developed to analyse and monitor this with a view to improving communication and outcomes for people.

This area for improvement was made on 7 August 2023.

Action taken since then

We were present at the daily flash meeting during inspection. These were informative meetings where daily plans were discussed, recorded and communicated to others. We also saw that day and evening handovers were of a good quality and that staff were aware of people's changing needs on any day.

Quality assurance systems have been developed, however they still need more work to develop improvement plans within the care home.

Overall this area for improvement has not been met and has now been incorporated in the AFI in Key Question 2 regarding quality assurance.

Previous area for improvement 3

To ensure people experiencing care have confidence in staff providing support, the care home manager should ensure ongoing monitoring of staff competency through regular supervision and observation of staff

practice. The manager should also ensure that quality assurance systems are used to effectively monitor and improve the completion of staff training.

This area for improvement was made on 7 August 2023.

Action taken since then

Formal observation of staff practice is still not taking place, and supervisions have become less frequent of late. Therefore, opportunities to measure staff competency have not yet been formally introduced. These areas have again been highlighted in the report and a requirement made in Key Question 3 regarding training and induction for staff. This is to be achieved by November 12 2024.

This area for improvement has not been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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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