

Ailsa Craig Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 August 2024

Service provided by:
HC-One No. 1 Limited

Service provider number:
SP2016012770

Service no:
CS2016349810

About the service

Ailsa Craig care home is registered to provide care and support for up to 90 people in a purpose-built building located in the Govan area of Glasgow. The provider is HC-One No. 1 Limited.

The service has three units. Bute which provides both enhanced residential care and intermediate care to people, Rothesay which provides nursing care and Millport which provides nursing and dementia care.

People who use the service have individual bedrooms with toilet and hand washing facilities. Separate accessible communal shower rooms and bathrooms were in place in each of the units.

There are communal lounges and a dining room within each of the units. Each unit has a garden area. To the front of the property, visitors have access to car parking facilities. The main office building also provides the kitchen and laundry facilities.

There were 90 people living in the care home at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 15 and 16 August 2024. Feedback was provided on 21 August 2024. The inspection was carried out by three inspectors from the Care Inspectorate with support from an inspection volunteer who assisted with speaking with people using the service and their relatives/friends.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- spoke with four people using the service and nine relatives
- spoke with 14 staff and management
- spoke with two visiting professionals
- observed practice and daily life
- reviewed documents.

Key messages

- People living in the service, and their relatives, were satisfied with the standard of care provided and had formed positive relationships with staff and the management team.
- The manager had involved people with the ongoing development of the service and had made good progress on taking the service forward by developing a supportive culture with the staff group.
- Further improvements are needed to develop the staff team and improve records relating to support plans.
- As part of the inspection, we assessed the service's self-evaluation of key areas. We found the service had made positive progress in completing their self-evaluation. The service should continue 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed positive, genuine, nurturing and warm interactions between staff and people living in the service.

Staff had a good understanding of each person's needs and preferences which helped achieve positive outcomes for people. We heard many positive comments in relation to the care and support provided. A resident told us: "Very happy living here, the staff are all very nice." And, a relative commented: "Feel the home is great - all the staff are good."

Having good nutrition and access to regular drinks is important for keeping well. The specific dietary needs of each person had been communicated to kitchen staff. Meals offered were tailored to match each person's needs and preferences. Drinks and snacks were offered regularly outwith mealtimes.

We highlighted some improvements which could be made to enhance the mealtime experience including the availability of menus, hand cleaning in advance of meals and offering a visual choice to promote decision-making and empower individuals.

Staff were proactive in referring people to external professionals when they identified changes to their health and wellbeing. They followed any recommendations made to keep people well.

Having meaningful things to do is important for giving people a sense of wellbeing. A very good range of activities had been developed around the needs, wishes and abilities of people living within the service. The activities team, with support from care staff, helped people maintain their skills, interests, observe their religious wishes and connect with others in the home and the wider community.

Having the right medication at the right time is important to help people to keep well. The service had introduced an electronic administration recording system and there was a period of transition for staff to become fully aware of the functionality. Good practice had been used for people prescribed medication on an "as required" basis. Staff had used other interventions in advance of administration of medications for people who may experience episodes of stress or distress.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The management team demonstrated a good level of knowledge in relation to the current needs of people living within the service.

A range of approaches had been used to hear people's views to help shape the service.

Feedback was overall very positive in relation to the responsiveness and approaches used by the management team.

"If I [relative] raise an issue it is dealt with quickly. Response is always positive - staff/manager listen to my comments and try to resolve them."

A suite of audits was being used to give the management team an overview and identify the changing needs of people. These had been used to check the effectiveness of interventions. These included key clinical indicators which helped identify trends. Daily flash meetings with key staff were also used to look at the changing needs of people and check if they were being kept safe and well.

Whilst a range of audits was being used this did not consistently lead to clear action plans. This had been identified by the service and service improvement plans were in the process of being re-implemented.

Within each of the units good practice tools had been implemented by staff to monitor key areas including falls, wounds and hydration. Accidents and incidents had been recorded with follow up reporting to each individual's relative post event.

The management team, and key people, had completed work on the self-evaluation of the service against the quality framework for care homes for older people. We directed them to focus on core assurance areas and to build on this work.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service used a tool to identify the current needs of people and inform staffing levels. Staffing levels were appropriate for meeting the needs of people in each unit. We received positive comments in relation to the staff who provided care and support:

"Staff are concerned for them [resident], they have gotten to know them and gained their trust."

"I'm very happy living here, the staff are all very nice."

Staff were appropriately deployed meaning that they responded when people required assistance.

There had been good levels of support provided by the management team to staff. This helped them understand what was expected of them when fulfilling their role.

Further work was needed to give staff more opportunities to participate meaningfully with the ongoing development of the service and reflect on their practice. Care staff meetings needed to be re-activated and staff surveys promoted to capture a wider range of views. There should be better opportunities for staff reflection of practice and staff observations should be incorporated into supervision sessions (see area for improvement 1).

Staff recruitment followed good practice with the completion of pre-employment checks, competency based interviews and staff completing a structured induction programme. This can help keep people safe and protected.

Areas for improvement

1. To ensure people are supported by skilled and competent staff, staff supervision sessions should include direct observations of practice, afford opportunities for staff to reflect on training and day-to-day practice. The management team should arrange regular planned staff meetings for care staff.

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).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefited from living in a clean, bright and well-maintained environment. Cleaning schedules were used to good effect with regular audits completed to ensure standards of cleanliness were being maintained. The fabric and fittings within the building were maintained to a good standard. Minor re-decoration and repair were identified as needing attention.

The layout of units offered people a choice of where they would like to spend time. Small rooms in each unit offered people an alternative place to use and spend time with visitors which helped promote privacy.

Some areas had been identified by the management team as needing improvement. Plans were in place to replace the carpet within the main lounge of the Rothesay unit with an ongoing programme to replace furniture. Works had been carried out in the Bute unit which were identified as needing attention at the previous inspection, and a new call system was being installed.

Bedrooms were personalised with many attractively decorated to match the wishes and the preferences of each person living within the service.

Gardens had been maintained to a good standard and offered people access to a safe and enclosed area.

There were plentiful and readily available supplies of personal protective equipment (PPE). Staff understood and mainly followed good infection protection and control (IPC) guidance. Equipment such as hoists should be cleaned aligned to the guidance.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Audits of care plans had been completed. These had a compliance focus and should be developed to take a more quality-based focus to reflect the often good outcomes achieved with individuals as a result of care and support provided. These should also review the language used to ensure consistency with the good staff practice we observed.

The service was in a transition phase with streamlining support plans in advance of moving to Nourish electronic planning and monitoring system.

Recognised tools were used to identify changes in the health and wellbeing of people living within the service. Overall, these had been used effectively to inform associated support plans. However, there were a few examples where the associated support plan needed updated to reflect the changed needs and the proactive approach used by the introduction of interventions to reduce risks to people at risk of falls (see area for improvement 1).

Overall, detailed support plans were in place to guide staff when supporting people living with dementia. We identified how there should be improved consistency in this area and how stress and distress protocols within the E-mar (electronic medication administration) system needed further development (see area for improvement 1).

The management and staff team should review the content of documents to ensure that only risk assessments and support plans relevant to the current needs of each person are in place. This should be completed as part of the transitional phase to transfer to the new electronic support plan system.

Care reviews were planned and offered people using the service, and their relatives, to contribute their views on key aspects of the service. We concluded that there were missed opportunities to reflect the outcomes achieved as a result of the care and support provided and identify future goals. This is an area that should be developed.

Whilst people using the service were regularly offered food and drink throughout the day, associated records relating to people who were deemed at risk needed to reflect what was offered over a 24 hour period (see area for improvement 2).

Staff had appropriately referred and sought advice from external professionals when they had detected changes with the needs of individuals. Support plans should consistently reflect recommendations obtained by external professionals.

Areas for improvement

1. To ensure people's needs are accurately recorded, and to consistently guide staff to keep people safe and well, personal plans and risk assessments should be re-evaluated following any adverse event or introduction or intervention to reduce associated risks. Detailed support plans/protocols should consistently be in place for people who may experience episodes of stress and distress.

This is to ensure that care and support is consistent with the 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" (HSCS 1.15).

2. To ensure people experience good support with their hydration needs, the provider should ensure that accurate monitoring is undertaken in accordance with service procedure and appropriate actions taken to mitigate any risk of dehydration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 26 February 2024, the provider must ensure a robust care and support planning system that reflects people's needs and wishes is in place.

In order to do this the provider must, as a minimum:

- a) audit all personal plans to ensure information recorded is accurate, aligned with current best practice tools, and are effective in directing staff to support people in meeting their identified needs;
- b) ensure all personal plans are reviewed regularly and updated in a timely manner reflecting changes in people's needs;

This is to comply Regulation 4(1)(a) and Regulation 5(b)(i)(ii) and (iii) 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 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' (HSCS 1.15) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 5 December 2023. We restated this requirement in our report dated 28 February 2024 with a new timescale of 27 July 2024.

This requirement was made on 5 December 2023.

Action taken on previous requirement

Recognised tools had been used effectively to inform the content of care plans. The service should continue to monitor that staff ensure they consistently reflect the changed needs of individuals. See area for improvement 1 under How well is our care and support planned?

Regular re-evaluation of personal plans was completed.

Met - outwith timescales

Requirement 2

By 27 July 2024, the provider must ensure that people experiencing care, being admitted into the Intermediate Care Unit, have a detailed personal plan which sets out how all their care and support needs will be met. To do this, the provider must, at a minimum:

- (a) Ensure that particular areas of need, such as COPD, are fully supported and recorded in a care plan.
- (b) Ensure that people, being admitted into the Intermediate Care Unit have their continence needs assessed and accurate records kept of any ongoing care.
- (c) Ensure that people, being admitted into the Intermediate Care Unit have their skin care needs assessed and accurate records kept of any ongoing care.
- (d) Ensure that accurate records are kept of any advice provided by an external health professional and the action taken by staff to follow the advice.
- (e) Ensure that all staff are aware of their responsibilities regarding good record keeping, including training if required.

This is in order 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 care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This requirement was made on 6 December 2023 as result of an upheld complaint. We reworded this requirement with a new timescale of 27 July 2024 at our inspection dated 28 February 2024.

This requirement was made on 6 December 2023.

Action taken on previous requirement

There had been significant improvements made since the previous inspection. Robust assessments covering key clinical areas were being completed for people transferring into the intermediate unit reflecting each person's current needs.

Appropriate monitoring was completed and recorded. Training had been completed by staff in relation record keeping and recording.

There had been improved communications between external professionals and nursing/senior carers. Further work should continue to ensure care staff are also fully informed.

Met - outwith timescales

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 experience high quality care, the provider should ensure staff have scheduled opportunities to reflect on their practice through regular formal supervision. Discussions should be reflective and incorporate feedback on observations of practice, learning from training and areas for development.

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 5 December 2023.

Action taken since then

Formal supervisions were in place, however, ongoing work was required. Observations practice was taking place but these had not transferred into supervision sessions with staff. Ongoing work was required to promote reflection of practice.

This area for improvement is not met.

Previous area for improvement 2

All relevant staff should have a pager on their person, at all times, so they are aware of all calls for assistance and can respond in a timely manner. There should be enough pagers available for each staff member.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

This area for improvement was made after an upheld complaint.

This area for improvement was made on 6 December 2023.

Action taken since then

A new call system was in the process of being installed which would be accessible to all staff.

This area for improvement is no longer relevant.

Previous area for improvement 3

Records of all communication with families should be kept, including contact made when a person receiving care has been seen by a visiting health professional or there are changes to their treatment.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made after an upheld complaint.

This area for improvement was made on 6 December 2023.

Action taken since then

Communication records held within support plans including visits from external professionals were recorded and shared with relatives. This was confirmed with relatives interviewed.

This area for improvement has been met.

Previous area for improvement 4

When a person who is experiencing care is identified at risk of falls there should be a clear, detailed and practical care plan put in place. This plan should include any external professional advice and specific supervision arrangements in place with charted monitoring.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My care and support meets my needs and is right for me" (HSCS 1.19).

This area for improvement was made after an upheld complaint.

This area for improvement was made on 20 December 2023.

Action taken since then

There was a system in place which reflected actions taken post event and records relating to reporting. Interventions had been invoked post event in an attempt to keep individuals safe. However, further work was required to ensure associated support plans and risk assessments were consistently updated.

This area for improvement is replaced with area for improvement 1 under How well is our care and support planned?

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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