

Summerdale Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 December 2023

Service provided by:
Summerdale

Service provider number:
SP2003002708

Service no:
CS2003011547

About the service

Summerdale Care Home is a privately owned care home in Brightons village near Falkirk and is situated in a residential area, near to public transport. The service is registered to support up to 23 older people. There were 17 people living at Summerdale at the time of inspection. The accommodation is provided in a large traditional Victorian building with a newer extension and four flats offering a higher degree of independent living with support from staff in the main house.

The service aims are to provide a flexible care service where people are encouraged to make their own decisions, to live as independently as possible to preserve their dignity and right to freedom of choice.

About the inspection

This was a follow up inspection to review requirements made at the complaint investigation on 6 July 2023.

Key messages

We found that the service had worked hard to ensure that there was sufficient progress evidenced to meet all the requirements.

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

Requirements

Requirement 1

The provider must develop effective and robust quality assurance systems by 12 December 2023.

To ensure this the provider must put in place a system to:

(a) Ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff and the quality of care and staff performance is monitored effectively.

(b) Identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified.

(c) Review and improve the level and frequency of monitoring service provision and ensure that accurate records are kept.

This is to ensure that care is consistent with the Health and Social Care Standards which state that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a) Welfare of users.

This requirement was made on 26 June 2023.

Action taken on previous requirement

a) The service has a recently appointed manager, who was settling into the role well. They have an experienced senior in place. There is a new quality assurance framework that will support the management team to have better oversight and clear understanding of any areas for improvement and evidence positive outcomes for people receiving care.

b) The management team were promoting good communication with staff to prevent issues arising. There were more frequent team meetings organised. There had not been any concerns or complaints noted in the past three months. The new audit and quality assurance framework will help to identify any concerns earlier. Monthly reviews were being completed, which included the views of involved family and carers.

c) We saw evidence that the service had worked hard recently to devise a new quality assurance framework which aimed to assess the experience of people living within the service across all areas of service provision. This would help to identify strengths and areas in which they would like to focus ongoing improvement work. There was some minor duplication within the framework and the service may adjust and adapt it further when implemented. The views of people using the service were integral to the framework. Staff spoken to during the visit were aware of it and it had been discussed with them. Delegated tasks were still to be determined. Implementation is planned to start at the beginning of the next calendar year and we will look at their progress at the next inspection.

Met - within timescales

Requirement 2

The provider must put in place and implement a system that demonstrates that the wound care needs of people are regularly assessed and adequately met. In particular, you must, at a minimum:

- a) Develop clear policy and protocols for staff to implement in relation to preventing and treating any wounds.
- b) Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up-to-date.
- c) Be able to demonstrate that adequate care planning and interventions are in place to care and support those people at risk of wounds.
- d) Evidence that relevant healthcare professionals have been consulted with and their advice and support is implemented and recorded in the support plan.
- e) Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

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 requirement was made on 6 July 2023.

Action taken on previous requirement

This requirement was assessed on 25 September 2023 and we saw that some progress had been made. We wanted to see further evidence of progress therefore we extended the requirement date to the 12 December 2023.

We found that there was evidence of body maps being used appropriately. Senior staff had attended additional training on wound care management. There had not been any concerns where wound management was required in the past three months. Staff had all read and signed the new wound management policy and procedure. This was clear about action to take and responsibilities for the recording and follow up of treatment.

Met - outwith timescales

Requirement 3

The provider must ensure that there is effective support available at all times to keep people safe and supported in accordance with their wishes and preferences. To do this, the provider must, at a minimum:

- a) Complete a pre-admission process that includes collating up-to-date information about needs and preferences.
- b) Ensure that all staff are aware of that updated information.
- c) Implement care in accordance with the assessed needs and risk management plan.

This is to ensure care and support is consistent with Health and Social Care Standard 4.14: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. 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 requirement was made on 6 July 2023.

Action taken on previous requirement

This requirement was assessed on 25 September 2023 and we saw that some progress was made. We wanted to see further evidence of progress therefore we extended the requirement date to the 12 December 2023.

We saw examples of detailed care plans that included clear risk assessments and information to support staff to provide effective, person-centred care. Body maps were used appropriately. We saw that daily notes reflected people's needs and were reassured that staff had a good understanding of people's wishes and preferences.

Met - outwith timescales

Requirement 4

By 25 September 2023, the provider must ensure that people receive support from staff who at all times demonstrate dignity and respect for the people they are supporting.

To do this the provider must, at a minimum:

- a) Set out a training plan that will achieve increased awareness for all staff about their roles in protecting people from abuse, including practice that demonstrates privacy, dignity and respect.
- b) Regularly audit language used verbally and in records for factual accuracy, professionalism and respectfulness.

This is in order to ensure that care and support is consistent with Health and Social Care Standard 1.2 which state that: "my human rights are protected and I experience no discrimination." and 3.1 'I experience people speaking and listening to me in a way that is courteous and respectful.'

This is in order to comply with Regulation 4(1)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 6 July 2023.

Action taken on previous requirement

This requirement was assessed on 25 September 2023 and we saw that some progress was made. We wanted to see further evidence of progress therefore we extended the requirement date to the 12 December 2023.

We saw that all staff were completing daily notes and updating the care plans using respectful and person-centred language. Further training had been organised relating to person-centred care. People's wishes and preferences were recorded and referred to in the daily notes. The new quality assurance framework will support management with auditing documents to identify any concerns or issues and make improvements. We saw that people were responded to promptly during the visit and staff were available for people when they required care. Staff were encouraged to attend more frequent team meetings, where good practice examples were shared.

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 support people's health and wellbeing, the provider should improve how they support people to stay hydrated. This should include, but is not limited to, monitoring and recording people's fluid intake when they are new to the service or on a short break.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 6 July 2023.

Action taken since then

Not assessed at this visit. See previous report.

Previous area for improvement 2

To support people's health and wellbeing, the provider should improve how they support people to eat well. This should include, but is not limited to, monitoring and recording people's food intake when they are new to the service or on a short break.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 6 July 2023.

Action taken since then

Not assessed at this visit. See previous report.

Previous area for improvement 3

To ensure that individual care and support is provided consistently, the provider should introduce a process to regularly review individual risk assessments and health assessments and make certain that outcomes from risk and health assessments inform individual care plans including anticipatory care plans.

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

This area for improvement was made on 1 June 2023.

Action taken since then

Not assessed at this visit. See previous report.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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