

The Argyle Care Centre Care Home Service

21 West Argyle Street
Helensburgh
G84 8XP

Telephone: 01436 672 511

Type of inspection:
Unannounced

Completed on:
19 September 2024

Service provided by:
Clearvue Investments Limited

Service provider number:
SP2005007952

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 50 people were being supported.

About the inspection

This was a follow up inspection which took place on 19 September 2024 between 9:00 and 17:15. This inspection was to review progress with requirements and areas for improvement made following a complaint investigation on 1 July 2024 and an inspection which took place on 30 July 2024.

In making our evaluations of the service we:

- spoke with four people using the service
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The service had met requirements that were made at the previous inspection and a previous complaint investigation.
- Good quality assurance systems have been put in place to identify improvements and developments in the service.
- Outstanding requirements will be examined within the identified timescale.
- There are still two areas for improvement to be met.

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 is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well is our care and support planned?

3 - Adequate

We carried out a follow up inspection to view the progress made on requirements made at previous inspections. (Please see "What the service has done to meet any requirements made at or since the last inspection")

We found that there had been significant progress made with the content in people's care plans. The information in each plan was informative about the person and showed us outcomes that had been achieved. We saw there were updates made to risk assessments as and when required, an example being where people had falls, or nutritional and fluid needs had changed. Plans were now more personalised and showed thoughtful and reflective recordings about the person experiencing care.

The management team agreed that there was "still some way to go" for some staff in their knowledge of how to write a good care plan. As such we have made an area for improvement. Please see area for (see area for improvement 1).

Areas for improvement

1. The provider should continue to ensure that all personal plans continue to be developed and audited. Time and training should be made available to ensure that all staff have the confidence and competence to complete plans, and for this to be maintained.

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).

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

Requirements

Requirement 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.

This requirement was made on 8 August 2024.

Action taken on previous requirement

In all personal plans sampled by us we saw they were much improved since our last visits. Each had been updated to a good standard. They showed clearly that all assessments had been carried out for individuals, including for falls and risks, as well as food and nutrition. We saw that plans had updates in place after any incident/accident, or changes in presentations and/or medications. Formal reviews had also taken place for people within recommended timescales, and any changes in care that were agreed had been recorded in the plan. Personal plans were seen to be written in a respectful and thoughtful way. At the beginning of each plan there was good information on people and we could see the outcomes of discussions, showing that people's wishes and choices had been listened to. Each plan showed the best way to communicate with the individual, and for anyone viewing the personal plan they would understand the care the person required

and how to communicate this with them. Staff told us they had been given more time to complete personal plans and this was appreciated. We were reassured the personal plans were being audited more regularly which led to increased management oversight to improve the overall plans for people.

Met - within timescales

Requirement 2

By 13 September 2024, the service provider must ensure that people living in the service are safeguarded from falls. In order to do this, the provider must at a minimum:

- (a) Ensure there is an accurate care plan in place, informed by any previous knowledge of the person.
- (b) Ensure that risk assessments are up to date and accurate regarding a person's risk of falls.
- (c) Ensure that any supporting records in place to support a person with their risk of falls, are updated as and when required and when needs change.
- (d) Ensure that all staff are aware of each person's risk of falls and the measures required to keep them safe.

This is to ensure care and support is consistent with Health and Social Care Standards 1.15: 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.

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 25 July 2024.

Action taken on previous requirement

We were able to look at falls care plans specifically. There was good person-led detail in the care plan and more specific detail about the person's needs and how to support them. We saw that for those who had falls there was good detail of the actions taken. Families were informed, observations were completed and the outcome for the person then followed through. Multifactorial risk assessments were then completed. Personal safety and mobility plans were both reviewed for people and risk level recorded, such as high, medium or low. Plans were updated monthly and the risk assessments reviewed as and when required. This meant that falls care plans were more comprehensive in detail and guided staff to be vigilant when a risk of falls was indicated.

Met - within timescales

Requirement 3

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).

This requirement was made on 8 August 2024.

Action taken on previous requirement

We visited the kitchen area and saw that it was clean, tidy and uncluttered.

We spoke with staff, and they were able to explain to us the correct procedure for storing perishable and non-perishable items. We were able to check each of the freezers in the outhouse of the kitchen area. One was for meats, one for items brought in for people by family and the other for miscellaneous. Each item in each freezer was clearly marked with a note of the content, the date it was frozen and the date if defrosting. Fresh bread was kept in sealed boxes on top of one of the freezers.

Each shelf in the outhouse was marked with its contents and it was easy to see what was stored in each. Older items were placed before newer items, and this ensured that the older items were used first.

Met - within timescales

Requirement 4

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 in the care home. 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 requirement was made on 8 August 2024.

Action taken on previous requirement

We were able to access maintenance records that showed us that Portable Appliance Testing (PAT) had taken place recently for all appropriate appliances within the service. There records were clear and easily accessed. We were also able to see that all other Health and Safety equipment, such as mobility aids, had been examined and recorded by a reputable company to ensure the good condition of items.

Met - within 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

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).

This area for improvement was made on 8 August 2024.

Action taken since then

There had been some improvement in the completion of medication records, (MARS). However, we saw that there were still some work to be done in areas of recording. The manager had updated protocols in areas of medication procedures as well as "as required" medications. We saw that there were occasions where there was no recording on MARS sheets to show why someone had not received a particular medication on a specific day. Some boxes were left blank and this lack of action placed people at risk of not receiving medications as prescribed. This could impact on the overall health and wellbeing of people.

This situation was discussed with the manager. She plans to introduce a daily audit of MARS to ensure that this is addressed.

This area for improvement has not been met and will be repeated.

Previous area for improvement 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).

This area for improvement was made on 8 August 2024.

Action taken since then

Mealtime experience for people has improved considerably. We saw that tables were all well set, neat and with clearly written menus set on each table. There was also a large menu board on the wall. This is handwritten in extra large print and for those with sight issues it can be easier seen. People were also being told what was on the menu and shown the choice of meals for the day. For those who needed extra assistance with food we saw that they were being served first. This meant that they could be finished their meal around the same time as others. Each of the three dining rooms were tidy and uncluttered, and people were enjoying their food.

Hydration stations were now in place on each floor, in each unit. They were placed where they could be easily accessed by people and use of these areas had improved. People could access drinks and/or snacks when they wanted to.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 8 August 2024.

Action taken since then

Regular audits are taking place in the service and are carried out by the organisations Quality Assurance manager. We saw that these were extensive and were clearly recorded. Outcomes of audits were then passed on to the management team and highlighted improvements that needed to take place. Timescales for achievement of improvements were set. We saw that the management team then identified members of staff responsible for carrying out any changes required. Managers then went on to further audit the work carried out by staff to ensure that changes had been updated as they should be.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 8 August 2024.

Action taken since then

Notifications from the service to the Care Inspectorate have improved, however we saw that not all appropriate notifications were being made. We discussed this with the management team, and this was due to them not having a full understanding of all that should be notified. The manager felt that by the end of our discussion she was now fully confident of what should be notified to us.

This area for improvement has not been met and will be repeated.

Previous area for improvement 5

The service should ensure that decisions and actions arising from a health concern or from a meeting to discuss the wellbeing of a person receiving care are followed up with an outcome. The outcome should be made available to all interested parties, including the person experiencing care and their representative.

This area for improvement was made on 25 July 2024.

Action taken since then

There had been a recent inspection and discussions held with external health professionals. They did not express any concerns. We sampled personal plans and we could see there was now better recording of advice and guidance given, and evidence that these had been recorded in a plan when required. This meant that outcomes for people could be seen and shared with those who mattered to the person.

This area for improvement has been met.

Previous area for improvement 6

The service should ensure that they are ready for all new admissions. Attention should be paid to the admission process and the setting up of the assessments and care plan to support responsive care and support for a new person coming into the home.

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' (HSCS1.15).

This area for improvement was made on 25 July 2024.

Action taken since then

The pre-admission process had been improved. There was evidence of the pre-admission assessment having been done and the new admission checklist being used to good effect. In discussion with a person who was a new admission to the service, the feedback we received was positive and the person felt welcomed into the home. The service would hope to have the pre-admission pathway on the Nourish system in the near future to support staff to complete the admission process electronically

This area for improvement has been met.

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 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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Care Inspectorate
Compass House
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Dundee
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