

Darroch Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
18 September 2024

Service provided by:
Darroch Nursing Home Limited

Service provider number:
SP2003002416

Service no:
CS2003010565

About the service

Darroch Nursing Home is a registered care service for a maximum of 40 people.

The home is privately owned by Darroch Nursing Home Limited and is situated in a quiet residential area of Seafar in Cumbernauld, close to local amenities including, shops and public transport routes.

The building offers accommodation across two floors. There are two large main lounges and dining areas on the ground floor, with smaller seated areas across both floors. There is a large, well kept garden that can be easily accessed from the sun lounge.

About the inspection

This was an unannounced which took place on 17 and 18 September 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
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- people were very happy living in the home
- people spoke highly of the staff
- there had been clear improvements to quality assurance recordings
- the home was airy and bright with a relaxed atmosphere
- four out of six areas for improvement made at the last inspection had been met

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?	4 - Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children/people, therefore we evaluated this key question as very good.

We spoke with people about their experiences of living in Darroch Nursing Home. They were all very happy living there. They told us they were well looked after, that food was good with choices available and everything was good. Some of their comments were:

'I am happy here and staff look after me, they are lovely and can't do enough for you'

'I enjoy a long lie and staff give me my breakfast later so that I can have it, everything is fine'

It can be difficult to gather people's views due to their conditions therefore we carried out observations of how staff interacted with them. These were very positive. Staff were patient, kind and there was an impression everything was done at the person's own pace, no-one was hurried. We observed staff had time to sit with people who were happy to chat and looked relaxed in their company.

The home had asked people and their families to fill in questionnaires to gather their views on the quality of care and support. These were returned by seven residents and showed people were very happy there with five saying the home was excellent and two very good.

People agreed they were treated with respect and staff knew their needs which we confirmed during our observations.

There was clear evidence health professionals were very much involved in people's lives and referrals were made if any concerns. Two returned questionnaires from health professionals were very complimentary and provided some very positive views of the quality of care in the home.

Lunch was a relaxed calm experience in both units. Choices of foods and drinks were offered and appropriate support for people who needed it. We asked the management team to explore ways to have more people seated at the larger dining tables rather than using small tables in the lounge area. This would increase opportunities for people to move which promotes healthy skin and mobility and would also help people socialise.

Fluid charts could be improved by better recordings of amounts people were drinking. While we observed fluids offered regularly throughout the days we were in the home, the fluid charts did not reflect this with little recorded for some people. Without accurate recordings in fluid charts there was no assurance that people's hydration needs were being met.

(area for improvement)

Areas for improvement

1. To support people's health and well-being the provider should ensure recordings of people's fluid intakes are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

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.

Monthly audits of falls and incidents were well completed with follow up actions recorded when someone was being monitored for signs of pain or injury such as after a fall. This ensured any health issues were picked up quickly and could be reported.

Improvements could be made around auditing and monitoring of weights. People's weights were recorded in their support plan but if this information was in one document it would give a clearer picture of who was losing/gaining weight across the home providing an overview.

Reasons for weight loss or gain should be noted and any actions taken such as changing from monthly weights to weekly or a referral to dietician. We discussed how the current audit could be adapted to provide an overview with the manager.

The service had an up to date improvement plan which was developed to ensure that care and support benefitted from continuous improvement and that it was well led and managed. This could be improved by adding the date the action had been completed.

How good is our staff team?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for children/people, therefore we evaluated this key question as very good.

Staff training was all up to date with high levels of compliance. This should ensure staff have the right skills and knowledge to support people safely.

All care staff who work daily with people with dementia are required to be trained to skilled level in dementia care. Staff in Darroch Nursing Home had completed Principles of Dementia Care training which, we were told, was a very in-depth course completed over six to twelve months. We were unsure if this training provided skilled level and asked the manager to explore what level this would be equivalent to. This was agreed and we were assured that additional modules would be completed by staff if this training was not at an appropriate level.

Staff meetings gave opportunities for staff to come together to discuss practice, training and any issues they may have. Minutes sampled showed good discussions taking place with actions agreed to deal with any issues raised.

Individual staff supervision sessions were taking place which meant that we could be assured that staff were adequately supported in order to give the best care and support to people. Supervision sessions gave protected time to discuss training, development and any practice issues. We received feedback from staff that they felt well supported by the management team.

Staff were working well together and were very supportive of each other. Some staff had worked in the home for many years which provided consistency and meant they knew people living there very well. We could clearly see good relationships had been built which led to positive outcomes for people. This stable team had benefitted people living there but also the staff team as a whole.

Feedback from people living in the home when they were asked about the staff was positive. One person commented that 'the staff were nice, friendly and you could have a laugh with them.'

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.

The home was clean, bright and airy, there was a lovely garden with seats and tables for people who wanted to sit outside. Whilst we saw people out in the garden on the second day of our visit, it would be good to hear the garden was used more, especially on the sunny days recently. The sunroom door was locked at all times. After discussions with the management team they agreed this door would now be unlocked to enable people to freely move outside.

We asked the management team to have a look at how the seats were set out in both lounges. These are big rooms but everyone was seated round the walls when there was space to have some smaller groups who would perhaps like to sit and chat with each other. People should be asked their views on this and any changes made to meet their preferences.

Staff were aware of the importance of Personal Protective Equipment (PPE) which was for infection prevention and control. There were plentiful supplies of PPE available and bins for the disposal of used PPE were at various points throughout the home.

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.

Six monthly reviews were up to date. Reviews gave everyone involved in someone's support an opportunity to discuss the service and if it continued to meet the person's needs. Outcomes for the next six months were recorded to maintain or improve the support currently delivered. The care plan was then updated to take any changes into account. This should provide a plan that was relevant, up to date and had been agreed by the person or their representative.

The level of detail in the review document had improved since our previous inspection and now included the person or their representative's views on how the home was run, what they thought of the staff and the management team. This provided another opportunity for people to give their thoughts on the quality of care and support.

The pre-admission assessment was detailed and gave a clear picture of the person's needs which helped the service decide if they could meet the person's support needs or not.

The completion of anticipatory care plans (ACPs) was inconsistent. One sampled was well written and detailed whilst another had lots of gaps in recording the person's health and well-being. A well completed ACP should give a clear picture of someone's end of life wishes to ensure they get the care they want. People's care and support plans were generally well completed, detailed and up to date. Care plans centred around people's wishes and preferences which were used to inform good practice. The service had identified areas of the care plans that required work to get them to a good standard and had taken action to make the improvements. This work was currently on-going and we look forward to seeing the completed care plans at our next inspection.

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 well-being the provider should ensure people have opportunities to leave the home should they wish..

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

This area for improvement was made on 9 November 2023.

Action taken since then

Although there had been some outings recently there was no clear evidence people were being offered opportunities to go out and be part of the community. A new activity co-ordinator was just in post and they shared some of their ideas with us around how they planned to support more people to leave the home. We look forward to seeing how this progresses at the next inspection.

This area for improvement is repeated.

Previous area for improvement 2

To support people's health and well-being the provider should ensure a robust medication audit is in place.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

This area for improvement was made on 9 November 2023.

Action taken since then

A new medication audit was in place. This was detailed and included checking if the correct amounts of medications were held in the home. The audit also checked if 'as and when required' (PRN) medications had outcomes and reasons recorded when they were administered. This meant the information was available for health professionals to monitor how often PRN medication was administered and if it was effective or not.

This area for improvement has been met.

Previous area for improvement 3

To support people's health and well-being the provider should ensure recordings of re-positioning are fully completed.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

This area for improvement was made on 9 November 2023.

Action taken since then

The paperwork for recording if someone was supported to move was confusing and did not give a clear picture of when and how often they were re-positioned. This was identified by the service and there was now a new form for recording when someone was re-positioned which should provide clearer evidence this had been done.

We will repeat this area for improvement and will look at the new recordings at the next inspection.

Previous area for improvement 4

To support continuous improvement the provider should improve their quality assurance systems.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 9 November 2023.

Action taken since then

Quality assurance records had improved. We looked at various audits and found these were well completed. We discussed small changes to further improve the audits at feedback.

This area for improvement has been met.

Previous area for improvement 5

To ensure people's changing needs continue to be met the provider should ensure outcomes for the next six months are identified and recorded.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

This area for improvement was made on 9 November 2023.

Action taken since then

The recordings in review documents had improved with more information than at the previous inspection. We could see actions included in the reviews we sampled that should ensure the service continued to meet people's changing needs.

This area for improvement has been met

Previous area for improvement 6

To ensure people are supported consistently with stress and distress, the service should ensure that there is a care plan that details any triggers and identified techniques to reduce their stress and distress. It should detail at which point any prescribed 'as required' medication should be given and the rationale and outcome if the administered.

This ensures care and support is consistent with the Health and Social Care Standard 1.15

which states: "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 area for improvement was made on 9 November 2023.

Action taken since then

There was now a stress and distress plan in place which identified triggers and how the person's behaviour could be identified. This should ensure a consistent approach from staff which may help to calm stressful situations.

When 'as and when required' (PRNs) medications were administered the reasons and outcomes were recorded and there were PRN protocols clearly guiding staff around when to administer these.

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 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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