

Three Towns Care Home Care Home Service

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Telephone: 01294 469 711

Type of inspection:
Unannounced

Completed on:
2 October 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379127

About the service

Three Towns Care Home is registered to provide a care home service for up to 60 older people. The provider is Holmes Care Group Scotland Ltd. The service is located in a residential area of Stevenston, North Ayrshire, and is close to local amenities, shops and transport links.

The care home is purpose-built, with accommodation over two floors connected by a passenger lift. The first floor unit, Ardeer, has 33 single en suite bedrooms, two large lounge/dining rooms and a smaller, quiet lounge. The ground floor Nobel Unit has 27 single en suite bedrooms, a large lounge and a separate dining room. Assisted bathing and showering facilities are provided on each floor. Residents have access to an enclosed garden with some bedrooms having patio doors leading out onto this area.

There were 56 people living in the home at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 02 October 2024. The inspection was carried out by two inspectors from the Care Inspectorate Complaints team. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, complaint findings and information submitted by the service including an action plan.

This follow up inspection was to review progress with requirements made following a complaint investigation on 24 July 2024.

In making our evaluations of the service we spoke with staff, management and reviewed documents.

Key messages

The admission process had been fully reviewed to ensure new admissions were welcomed and staff were informed about their care and support needs.

Records and risk assessments, including the use of equipment, had been fully reviewed ensuring staff were very clear on the practice expected of them.

Significant progress was noted with the two requirements therefore they were met.

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

Requirements

Requirement 1

By 27 September 2024, the service provider must ensure that people living in the service are safeguarded by ensuring that the correct equipment is in place. In order to do this, the provider must at a minimum:

- (a) Ensure that important documentation such as risk assessments, care plans and consent forms are fully completed when a high risk of falls is identified requiring to be supported by the use of equipment.
- (b) Ensure that accurate information is passed on between shifts regarding equipment required to keep people safe.
- (c) Ensure that staff are confident and competent to use their professional judgement regarding risks for people experiencing care and the use of equipment to keep them safe.

This requirement was made on 24 July 2024.

Action taken on previous requirement

We sampled personal plans for people at high risk of falls. We could see these plans were completed to a good standard and they had been informed by relevant risk assessments. Consent forms had been completed for appropriate equipment to keep people safe and these were in place to inform and guide staff. The personal plans gave a more accurate reflection of a person's needs and associated risks.

The management team had ensured the handover process had improved with a written record (daily well-being overview) being required to be completed and kept for reference. We sampled these records and found good information regarding a new admission or a change to someone's needs had been passed on to the next shift. This meant that important information regarding people was not missed. There was a checklist in place for any new admission which asked questions relating to equipment required and ensuring it was in place. We saw these had been completed for the two new admissions into the home since our last visit.

We spoke with staff regarding their decision making and confidence when equipment required to be used to keep people safe. We were reassured by the responses staff gave us. Additional training and reflection had taken place and staff were more aware of the systems and processes to be completed if a person required equipment to keep them safe.

Met - within timescales

Requirement 2

By 27 September 2024, the service provider must ensure that people living in the service are safeguarded after they have a fall. In order to do this, the provider must at a minimum:

- (a) Ensure that staff follow good practice guidance when assessing a person following a fall. The decision making and action taken should be fully recorded.
- (b) Ensure that staff do not move a person who has had a fall until a thorough assessment of their injuries and well-being has been undertaken.
- (c) Ensure that staff, if the decision is taken to move a person, have the right equipment to do this safely.
- (d) Ensure that staff are aware of their responsibility to complete the appropriate records following a person having a fall, including the Glasgow Coma Scale if required.

This requirement was made on 24 July 2024.

Action taken on previous requirement

When a person had a fall, the records to reflect on the incident were completed fully including a falls diary. The accident and incident records we sampled showed the decisions and actions taken by staff. These records showed when a person had fallen and the assessment which had taken place before they were moved.

We sampled records for a person who had fallen and was on the floor. We could see the observations staff completed, including recordings of the Glasgow Coma Scale, to determine their well-being and the actions taken before they were lifted off the floor. This gave reassurance that staff were aware of the correct protocol to follow before moving a person.

Staff had completed further training and reflection regarding the correct equipment to use to support a person after a fall. Staff told us they felt more confident in their decision making.

These records were reviewed by members of the management team to ensure safe practice had been undertaken and the correct records were completed. Overall we found that staff awareness and practice had improved when having to support someone after a fall.

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

A programme of activities that enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health should be delivered.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 2

Staff should support residents to be more physically active and occupied in purposeful ways throughout the day. Positive risk taking that enhances people's quality of life by helping them to maintain skills, abilities and reach their full potential should be promoted.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 3

The service needs to review the mealtime experiences within the home to ensure that they are consistent and provide appropriate support to people to meet their nutritional and hydration needs as well as providing an enjoyable social experience.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 4

The quality assurance framework would benefit from further refinement to make it clear how the systems and processes undertaken underpin and drive change and improvements that deliver positive outcomes for people using the service and their families. To achieve this the quality assurance team should: - prioritise the evaluation of people's experiences and outcomes in quality audits; - measure performance against the HSCS; - ensure audits include indicators targeted towards positive outcomes for people and evidence based good practice; - develop, monitor and meet action plans that specify clear actions, responsibilities and timescales; and - implement a shared approach to self evaluation and continuous improvement with residents, families and staff.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 5

To ensure that staff have the skills, knowledge and understanding to fulfil their role, the provider should ensure that observations of staff practice and competency checks are done at regular intervals. To support consistent high quality care and support the provider should ensure that the continuing assessment, planning and evaluation of staffing is transparent, evidence-based and focussed on achieving good outcomes for people. This should include enough staff on each shift to provide the right level of support required for the assessed needs of the people living in the care home.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 6

The provider needs to invest in the care home environment, in particular the upper floor is in need of refurbishment and upgrading.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 7

To ensure that people using care services benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience, personal plans should be reviewed to improve recording in relation to meaningful involvement, adopting a strength based approach, outcome focussed evaluations, support to maintain meaningful connections and a strong link between risk assessments, care plans and supplementary records.

This area for improvement was made on 12 July 2024.

Action taken since then

This area for improvement was not assessed at this inspection.

Complaints

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

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