

Kingsacre Care Home Care Home Service

Cochno Road
Hardgate
Clydebank
G81 6RW

Telephone: 01414 735 500

Type of inspection:
Unannounced

Completed on:
4 October 2024

Service provided by:
Care Concern Group - Kingsacre

Service provider number:
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Service no:
CS2019373856

About the service

Kingsacre Luxury Suites Care Home is registered to provide care to 64 older people. The service registered with the Care Inspectorate in 2019. The provider is Kingsacre Care Limited, which is part of the Care Concern Group.

The care home is in the Hardgate area of Clydebank in West Dunbartonshire. The care home is not directly accessible by public transport and is in an elevated position with beautiful views. There are four units within the building.

The building is on two levels. Each unit has spacious lounging areas. On the ground floor there is a cinema and a large reception area with a drinks bar. There are spacious gardens and land surrounding the service.

About the inspection

This was an unannounced inspection which took place on 1, 2, 3 and 4 October 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 people using the service and their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff were welcoming, warm and committed to their roles.
- There was a newly experienced manager in post.
- Communication with families was good.
- Further focus to people being part of their community and accessing community facilities and activities.
- There was a stable core staff team who were readily available to respond to people's needs.
- Staffing levels had increased to meet people's health and wellbeing outcomes.
- Care plans needed improved and brought up to date.

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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 children/people and clearly outweighed areas for improvement.

We saw evidence in care plans, flash meetings and reviews that people received care and support from care home staff and other professional agencies, such as GP, liaison nurses, oral hygiene agencies and many more. This happened in a timely manner so that people receive the right care at the right time.

People's skin integrity is monitored and highlighted to the relevant staff if treatment is needed, which leads to early detection and intervention. There were no issues with pressure injuries relating to people in the home.

Oral health was supported by staff and the 'Caring for Smiles team' who were pleased with how this support was being delivered. This contributes to people experiencing healthy gums and limited issues relating to teeth retention and denture care.

Food and nutrition were well recorded including the fortification of food and drinks and when this was being added. Staff were knowledgeable and able to discuss this during the dining experience observations. The measurements of drinks were recorded and tallied up for the 24 hours. A few met over their targeted goal, and a few did not. However, this was highlighted at Flash meetings for staff to encourage the relevant people.

Food and meals were recorded and how much people consumed. Where people had lost weight, food and drinks were fortified by the staff at mealtimes and snacks.

Textured food was presented well so that people could still find their food appetising and to resemble the choices on the menu.

We read about one person saying the soup was watery and rubbish; however, this was observed to have changed at the dining experience and he had his wish, which was chunky vegetables, and he enjoyed it.

Some people and their relatives advised us that the food was repetitive and lacked variety. We discussed this with the chef who was in the process of changing the menus. There can be times when the supplier will refuse a food type if it's "not on the list". This should be discussed with the manager so that people are having foods of their choice.

Medication charts sampled from three units were mostly completed well with signatures; however, there were a few gaps. 'As required' medication was mixed in relation to recording where some had been updated within the three-monthly protocol and others had not. The effect of 'as required' medication recording needed to be improved to establish if people were responding positively to them (see area for improvement 1).

Indoor activities were taking place with entertainment being brought in, colouring in and intergenerational activities with nursery children coming to visit. This meant some people could have their physical, emotional and mental health needs met. However, this should be improved to ensure every individual can experience the same.

Daily activities were mostly recorded for people with dates and what activities they participated in. However, there were gaps for several days where there were no recordings. This did not give us a thorough or clear overview of activities people engaged in. This area for improvement will be repeated (see area for improvement under key question 4).

Overall, people were well cared for, and their needs mostly met. Relatives were also mostly happy with the support and care their loved ones received.

Areas for improvement

1. The provider should ensure that the effectiveness of 'as required' medications are recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24).

This area for improvement was made on 4 October 2024.

How good is our leadership?

5 - Very Good

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

Leaders identified and understood when to involve relevant professionals and organisations to ensure the best outcomes for people. Feedback from various professionals, both written and verbal, were all positive. This included liaison nurses, hospital discharge team, pharmacy and the Health and Social Care Partnership. This meant people's health and wellbeing benefitted from expert input.

The Care Inspectorate received two feedback forms from external professionals involved with the care home. They were very positive and advised that professional advice given to staff was always followed through to ensure better outcomes for people.

People and their relatives worked in collaboration with the care home staff and manager to improve the running of the service. This was evident through relative meetings, care reviews and surveys. Working together in this way resulted in people and their relatives feeling involved in how the service was improved and developed to meet their needs.

Staff teams spoke highly of their leaders and managers who they found approachable and supportive.

How good is our staff team?

4 - Good

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

Staff were clear about their roles and worked well together across the teams. Staff were skilled and able to adapt to changing situations to ensure consistency for people experiencing care. We observed warm and familiar engagements between people and staff. As a result, there was a nice atmosphere within the home and people looked comfortable and happy to be there.

We heard from both day and night shift staff that they felt under pressure to meet all people's care needs all of the time. This was confirmed by relatives and people we spoke to. However, since the new manager arrived, she has deployed an extra staff member in each unit. This will be monitored to assess the impact and outcomes for people. We were assured that if necessary, further staff could be put in place. As a result, people would have their needs better met.

We found that the assessment tool used for staffing levels did not always reflect accurate information. Therefore, this could impact negatively on how staff are deployed. The tool should be checked by senior staff regularly for accuracy and effective assessment (see area for improvement 1).

We graded this key indicator higher due to the new manager's quick action after listening to staff and relatives about staffing levels.

Areas for improvement

1. The provider should demonstrate that they have continued to review staffing arrangements, ensuring appropriate levels of staff across the home at all times, to fully meet people's identified care needs. To do this, the provider should carry out regular monitoring and auditing of people's care needs to demonstrate that staffing is responsive to people's changing needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and to speak to me' (HSCS 3.16).

How good is our setting?

4 - Good

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

The culture of the care home supports the participation of family and friends to visit and have private areas to converse in. We observed families walking freely and comfortably around the home and helping themselves to hot beverages and drinks as and when they wished. This meant they could feel welcome and part of their loved ones' community within the home.

People were supported to maintain and gain links to the local community. Some examples were of the local parishioner holding regular services within the home and hosting a community invited fete to raise money for a charity. A few people were supported to go to pubs, clubs and theatres as well as a few visiting their favourite football stadiums. As a result, some people could feel connected to their passions and gain a sense of belonging to their communities.

Some people were supported with pet therapy which had involved three dogs from 'Therapy Dogs Nationwide'. One visits on a weekly basis. One staff member had also brought their horse to the garden for

people to pet. This enables people to benefit from having interaction with animals even though they do not have pets.

We heard from one person who felt isolated even though he enjoyed living at in the home and liked the staff. Another person felt they were unable to participate in activities as she could not read the activity board. One relative wished their loved one could get out walking on a daily basis. We passed this on to the manager and requested that this was addressed.

There could be more opportunities for friendships to be encouraged with people who shared common hobbies. We received seven survey returns and all of them stated they were bored and lonely.

People had the tools to access and communicate with their families and friends regularly. This included phone calls and video calls so people could feel and remain connected. One example was of a mother contacting her daughter weekly who stays in South Africa. This supported people's emotional and mental wellbeing.

A quote from a person experiencing care stated, "It's a very lonely existence for me in here", and another person stated, "Atmosphere is very dull, I can't read the activity board so I've given up." However, the manager was aware of the improvements needed and held a development training day for the activity workers.

Areas for improvement

1. To ensure better evidence that all people continue to experience strong links with their community and the use of community facilities the service should:

- a) ensure staff accurately record the activities external to the home that people engage in
- b) assess people's abilities to use community facilities rather than receiving the service in-house
- b) make use of this information to inform future activity planning
- c) carry out regular checks of each individual's progress in this area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 21 October 2024.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support, as well as details of personal interests and preferences. The home used an electronic personal planning system and as previously stated, we found inconsistent completion of some care documentation. This included some care planning and risk assessments that did not fully reflect the current needs of individuals and were overdue for review. As this was a previous area for improvement which was not met, we made a requirement (see requirement 1).

Due to some care plans not being accurate and audits not demonstrating follow ups, there could be some confusion relating to people's support needs; for example, a pre-assessment not transferring over to the care plan regarding someone's eating and swallowing issues. This meant people could be at risk in their health and wellbeing.

Requirements

1. By 16 December 2024, the provider must ensure that people get the care and support that is right for them and staff are fully informed about people's care and support needs, the service must as a minimum:

- a) ensure people have a personal plan which sets out how their health, welfare and safety needs are to be met
- b) ensure personal plans are reviewed when there is a significant change, or at least once every six months
- c) people and when appropriate, their representatives, are fully involved in developing and reviewing their personal plan.

This is to comply with regulations 4(1)(a) and 5(1) and (2) 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:

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.16).

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 should ensure that regular reviews of people's support are undertaken and are recorded in detail.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and '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 31 May 2022.

Action taken since then

Reviews of care plans had taken place and recorded. However, further improvement is needed around the detail and content of the reviews to be more meaningful and person centred.

Previous area for improvement 2

The provider should ensure that care plans and related documents are completed thoroughly.

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).

This area for improvement was made on 31 May 2022.

Action taken since then

Care plans were in the process of being transferred across to the new digital system 'Nourish'. There had been delays in this process due to technical difficulties. However, we found that care plans were not always up to date and current and contained gaps in information. Therefore, this area for improvement was not met and a requirement was issued.

Previous area for improvement 3

Food and fluid charts, as well as recordings of daily activities and personal care support, should be completed thoroughly, in the correct format and filed in the correct place.

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).

This area for improvement was made on 31 May 2022.

Action taken since then

Food and Drink charts were completed to demonstrate and monitor people's intake if they needed this. Personal care support was recorded so people could be assured that they had the choice of showers and baths on a regular basis.

Daily activities took place for some of the people; however, the recording of this was not consistent or accurate. We have made an area for improvement under Key question 4, Quality indicator 4.3 which will cover this too.

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?	5 - Very Good
2.3 Leaders collaborate to support people	5 - Very 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
4.3 People can be connected and involved in the wider community	4 - Good
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
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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