

Inchinnan Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 September 2024

Service provided by:
LittleInch Ltd

Service provider number:
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Service no:
CS2003010211

About the service

Inchinnan Care Home is registered to provide a care home service for up to 43 older people with dementia, and younger people with a physical disability. The home is located in the village of Inchinnan in Renfrew. There are regular transport links to local towns and Glasgow.

Accommodation is all on ground level with en suite facilities. A separate dining room and lounge areas are provided for people residing in the care home. There is a central, enclosed garden courtyard, an atrium and a secured garden area at the front of the building.

About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 September 2024 between 06:45 and 20:15. Feedback was provided on 26 September 2024. The inspection was carried out by one inspector 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 12 people using the service and 17 of their family responded to our survey
- spoke with 12 staff and management and 37 staff members responded to our survey
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff interacted warmly and respectfully with people.
- Staff knew people well and this meant people were cared for in the way they wanted.
- The management team was seen to offer strong supportive leadership with a focus on staff development.
- We discussed ways to further improve aspects of service delivery within quality assurance processes.
- As part of this inspection, we assessed the service's self evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

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?	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?	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 evaluated this key question as very good. We found significant strengths in aspects of the care provided which supported positive outcomes for people.

People were supported with kind and patient interactions from staff. We saw that people were offered choice and were consulted. Support was paced to suit individuals; this meant that people were not rushed and staff were respectful of people's time. One person was discreetly offered a shower at various points in the day which reassured us that support was offered to suit a person and not a staff schedule. This was respectful and supported choice.

People told us that they liked living in Inchinnan Care Home. They liked the staff. One person commented: "Staff are very attentive and I am well looked after." We saw that staff interacted respectfully and enjoyed good humoured chat with people. People who were unable to verbally offer their views were noted to be relaxed and comfortable in their environment and in staff company. This reassured us that they felt safe and supported well by staff.

Procedures were in place to safely support people with their medication. Medication was offered to people in a respectful and dignified manner. Staff were also thoughtful around what suited people best. For example, some pain relief was delivered by a patch rather than a tablet which suited a person's likes. Medication audits were carried out and we discussed ways in which they could be further developed. Management started working on it straight away. We did find partially completed paperwork for the use of covert medication and this was rectified in a prompt manner. These examples reinforced the commitment to getting it right for people and a desire to improve any areas of care for people.

Due to knowing people well, staff were able to recognise changes in people's health and wellbeing needs. Where concerns were identified, they made referrals to appropriate professionals in a timely manner. This supported prompt and targeted interventions which promoted good health.

People spoke highly of their meals and the choices on offer, as well as food being tasty and plentiful. Staff knew people's likes and dislikes well which reassured us that they spent time getting to know people and then used their knowledge to offer food choices that were best liked. Kitchen staff were also aware of who needed different diets such as the provision of textured food or gluten free options. This supported people's nutritional health.

Staff were in the process of completing a photo album of food choices which helped people with different communication needs to see what was on offer rather than relying on verbal choice. Unfortunately, the dining room blackboard was of little use as it was quite worn. The provider should consider alternative written menu choices or replace the board.

How good is our leadership?

5 - Very Good

We evaluated this key question as very good. We found significant strengths in aspects of the leadership provided which supported positive outcomes for people.

People living in the home, relatives and staff all told us that the appointment of a new manager and depute had led to significant improvements in the home. They were noted by staff to be approachable, supportive and offered stability to allow improvements to take place. Along with an external management consultant, they took time to self-evaluate some of the essential aspects of running a care service. This allowed them to recognise what was going well but also to put plans in place to improve aspects of care which needed more attention. A service improvement plan was also in place which helped focus attention on priority improvements for the service which would further enhance people's experiences. We were reassured by their willingness to get things right for people and staff.

Sometimes things do not always go right. A recent incident resulted in a person not receiving all of the care they should have. However, management investigated this and put in new processes to ensure that all staff could learn from the situation and they also improved recording processes. We could see that all were willing to learn from mistakes and to look at ways to improve, this was positive to see.

Quality assurance systems such as audits were in place and there was a lot of good work completed in them. However, management needed to better evidence the checks that they had done when other staff had completed the audits (see area for improvement 1). This would offer evidence that management had checked the work of their leadership team audits across every department and were clear on the quality of the audits. It was positive to see that leaders were completing audits as this showed that staff in senior roles were offered responsibilities that lay within their roles. We were confident that management were aware of the key risks in the service and how these were being mitigated. We were assured that people's needs were assessed, monitored and met.

Daily flash meetings were in place where all leaders met to discuss any new issues that had arisen for the wellbeing and comfort of people. These were helpful but some gaps were noted at weekends. Gaps in practice have the potential to result in responses to people's needs being delayed which would not be acceptable. Clinical meetings were previously in place which allowed for good, recorded oversight on people's wellbeing and allowed for reflection on the needs of everyone at one time. This is valuable for planning and learning. Management were asked to reconsider their value and whether they may support even greater oversight of people's health needs. The local health and social care partnership was due to support new multi-disciplinary meetings which may offer further oversight once they are up and running. It is important that management retains good oversight on people's needs to allow for consistent and timely interventions to keep people as safe and well as can be.

Areas for improvement

1. To promote better quality audits, management should develop and utilise a system which evidences their full involvement in checking all audits carried out within the home.

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).

How good is our staff team?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant impact on people's experiences and outcomes.

Staffing arrangements were informed by the assessment of people's needs. This was reviewed on a monthly basis but management were able to use professional judgement to increase staffing levels if required. It is important that rotas have the right number of staff in the right place at the right time. Staff skills also need to be considered. Management ensured all of this was in place, for example nursing staff on every shift, enough kitchen and domestic staff at all times. This supported people's health, safety and wellbeing.

The use of agency staff had gone down which permanent staff felt was positive as this helped to develop better relationships with people and their colleagues. Staff felt they worked well together and there was evidence of this during our inspection. Night shift staff picked up on some tasks that day shift weren't able to complete and vice versa. Staff from different departments liaised to ensure that if a person needed support from another team, it was delivered. This included requests for housekeeping for an extra room clean or for kitchen staff to offer a hot drink/snack when requested by a person. Having a receptionist also contributed to good communication as they were the first port of call for many relatives visiting and passed on pertinent information from that contact to other staff in the service, where relevant. This all meant that people were generally getting what they needed from staff at a time that suited them.

Staff felt that they were being offered more consistent training which helped develop their confidence. It was also encouraging to hear staff say that they felt the skill mix was better with a good balance of experienced staff and new staff. New staff valued the opportunity to learn from experienced staff. There was a pleasant and warm atmosphere about the home and staff very much contributed towards that.

In responses to our surveys, we noted that some concerns existed around whether people had enough to do to occupy their day and for it to be meaningful to them. We saw some very good work going on using options in the community to enhance people's contact with others outside the home. There was also a lot of thought as to what interested people. This information was then used to arrange outings such as to the Riverside museum for a person who loved cars. Links were made with local faith groups. This reassured us that people's life experiences and interests were being used to plan their days. However, we did feel that staff as a whole group did not fully recognise their role in making people's days as good as they can be.

We often hear the term "living my best life". It is generally about thriving, not just surviving. It is also about getting the most out of your day doing things that interest you and offer you enjoyment. It is very closely linked to our key question How well do we support people's wellbeing? During the inspection, we saw some great examples of this but there was room for improvement. All staff have the ability to make people's day go well (see area for improvement 1).

Areas for improvement

1. To support positive outcomes for people, management should ensure that staff are offering people opportunities to fill their day in a manner that is meaningful to them as individuals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25) and "I can choose to spend time alone" (HSCS 1.26).

How good is our setting?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant impact on people's experiences and outcomes.

People enjoyed a fresh, clean and pleasant home. Cleaning schedules were in place and spot checks of cleaning was used to reassure that cleaning was up to the required standard. We were impressed that deep cleaning was carried out by housekeeping staff on a couple of night shifts each month. This allowed staff to get uninterrupted access to communal areas but it also meant that people's days were not disturbed by the enormity of the deep clean.

The Care Home Infection Prevention and Control Manual (CH IPCM) is essential for all care home staff in terms of understanding their roles in relation to infection prevention and control procedures (IPC). Although, staff were generally aware of good IPC practices; we were not confident that the manual was being routinely used and referred to (see area for improvement 1).

Furnishings were comfortable and night shift care staff supported this by cleaning communal lounge seating and tables to ensure people were greeted by a clean area each morning. Communal areas were generally inviting and homely. The main lounge was very well used. It was a large, open space but people sat in areas which were set up to promote smaller group discussions. Different seating set ups allowed people to choose where they wanted to be and who they wanted to be with.

There was a hairdressing salon that is due to be renovated to double up as a small sensory based room. A smaller lounge is not well used, and suggestions were being sought as to how it could work better for people. This reassured us that people were involved in decisions about their home and we look forward to seeing both developments during our next inspection.

Some people brought in bedroom furniture and other important possessions which reflected their tastes. This level of personalisation helped people settle in but also reinforced that it was their room in their home.

Relevant health and safety checks were in place which meant people were able to enjoy a safe and secure environment. See What the service has done to meet any areas for improvement we made at or since the last inspection.

Areas for improvement

1. To promote people's safety, the provider should ensure that all staff are aware of their responsibilities contained within the Care Home Infection Prevention and Control Manual (CH IPCM) and update any processes as required from this good practice guidance.

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).

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant impact on people's experiences and outcomes.

People and their relatives, where appropriate, were involved in developing and reviewing their personal plans. The content within the plans had improved since our last inspection. Information about people's likes, dislikes, wishes and views were better recorded. Risk assessments were in place and plans were monitored with relevant sections updated. Plans were individual and reflected people's choices and preferences. However, we agreed with management that there was still some room for better recordings within some care plans.

Reviews were better managed than they had been. However, there were several now due for review again. We suggested they look to holding some reviews before the six month period is up and this will allow them to stagger them better. This would reduce the additional workload created by carrying out multiple reviews in a short period. Leadership staff must ensure that they adhere to the legally required review schedule. If they invite family/friends, where required, and if they cannot attend, this should be properly recorded.

Reviews helped people and their families to discuss their care needs and offer an opportunity to reflect on what is ahead of them and how they would like their support to be delivered. This ensured that personal plans remained right for people and that everyone had the opportunity for their views to be heard.

Records of important legal documents were kept such as Power of Attorney or Guardianship orders. Section 47 certificates are important for people who can no longer consent to medical treatment. These were in place through local GPs. Whilst a list was in place to ensure these were all up-to-date, we found a few gaps which management attended to. People's legal documentation should always be up-to-date to ensure that their rights are protected and that staff are acting within the correct legal basis.

Whilst some work had started on future care planning, management agreed that further work was needed. Sometimes when a person is unwell they are not able to explain what is important to them and families may find it hard to make decisions on their behalf. Planning ahead can help people to have more control and choice over their care and support.

Day-to-day notes were in place. More often than not, they were a record of the care delivered to the person. We discussed this with management as there was a need for capturing information about how a person's life was, what had made the day go well or otherwise for the person. We were confident that management would follow this up.

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 ensure that people are always being supported safely, the provider should provide the management team with a full inventory of required equipment, and utilities service checks detailing the timing of such checks and ensuring they are carried out with the noted timescales.

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" (HSCS 5.24).

This area for improvement was made on 21 November 2023.

Action taken since then

The current maintenance officer was able to show us the planned dates of equipment and utilities checks as well as those already completed.

This allows the provider to look at any further checks due and to ensure they are completed within the correct timescales and not allowed to run over in any situation. Management must ensure that they are aware of these essential checks and follow up when required. People's safety is better assured with the improved oversight on these essential checks.

This area for improvement has been met.

Previous area for improvement 2

To ensure personal planning reflects people's outcomes and wishes, the provider should ensure that people and their loved ones are fully involved in review meetings in a way that is meaningful to them. They should also keep these reviews within the legally required six monthly period.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am fully involved in developing and reviewing my personal plan, which is always available to me" (HSCS 2.17).

This area for improvement was made on 21 November 2023.

Action taken since then

Reviews were in place and there was a tracker in place to show when they happened. See 'How well is our care and support planned?' for further details.

This area for improvement has been met.

Previous area for improvement 3

To support people's wellbeing, the provider should ensure that all staff access dementia specific training appropriate to their role and apply their training in practice.

This is to ensure that the quality of staff is consistent with the Health and Social Care Standards (HSCS) which state that: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 8 June 2023.

Action taken since then

Staff had been offered, and taken part in, basic dementia training. This was made available to all staff within the care home. All staff engage with people living in the care home and it is imperative that regardless of their role that they take part in such training. Having such training meant that staff were in a stronger position to understand people's rights, choices, health and wellbeing needs and respond appropriately.

It was heartening to hear of further training planned and it is hoped that this continues as a regular feature of the training provided and is not simply a one off. We suggested that management consider using the Promoting Excellence framework which supports staff to gain the knowledge and skills required when working with people with dementia. This care home has a specific condition of registration to provide support to people with dementia so must continue to ensure staff are adequately skilled to offer support in an understanding and compassionate manner.

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	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
4.1 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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