

Glencairn House Care Home Service

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Auchterarder
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Telephone: 01764 662 568

Type of inspection:
Unannounced

Completed on:
19 November 2024

Service provided by:
Mailler & Whitelaw Trust

Service provider number:
SP2005007541

Service no:
CS2003009754

About the service

Glencairn House care home is a large Victorian house that has been adapted and modernised to meet the needs of residents. It is registered to provide permanent and respite care for up to 28 older people and is owned by the Mailler and Whitelaw Trust, a local voluntary organisation and operated by volunteer trustees. Accommodation is provided over two floors; all bedrooms are ensuite and rooms on the first floor are accessible by both stairs and a lift.

Glencairn House is situated close to the centre of the Perthshire town of Auchterarder and is set within three acres of private grounds. There is easy access from the A9 and public transport links in the direction of both Perth and Stirling. There are a range of local amenities, shops and cafes within walking distance.

About the inspection

This was an unannounced inspection which took place on 19 November 2024. The inspection was carried out by two inspectors from the Care Inspectorate and an inspection volunteer. 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.

This report should be read in conjunction with the previous report dated 20 June 2024.

The inspection focussed on care planning and management overview of the service following concerns raised by visiting professionals.

In making our evaluations of the service we:

- spoke with six people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Medication administration record keeping needed to be improved.
- The quality of information in care plans and risk assessment documents needed to improve.
- Quality assurance systems were not being used effectively to provide oversight of the service.

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?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

We made an overall evaluation of adequate for this key question. This meant there were some strengths, but these just outweighed weaknesses. The likelihood of achieving positive experiences and outcomes for people was reduced significantly because key areas of performance around health and wellbeing needed to improve.

We observed that people experienced support with compassion, dignity and respect. Staff provided individualised support to each person living in Glencairn House. This benefitted their wellbeing and enhanced their daily life. Interactions between staff and people experiencing care were warm and respectful. Staff were generally sensitive and knowledgeable about people's needs and wishes. We did observe one interaction where there were some missed opportunities to fully meet a person's needs. This was raised with the manager who will discuss further with staff.

People benefitted from a range of opportunities that promoted their health and wellbeing. People had been supported to access a range of health screenings and appointments.

Care plans should guide staff on how best to support people and clearly identify how their needs will be met. Although some work had commenced to improve the quality of people's plans, further development of more individualised care plans to incorporate person-centred planning within care plans was required. These plans should be written collaboratively with people, including their family, friends and health professionals, who know the person well. Plans should also be monitored regularly or as people's needs change. This would ensure that they continue to meet people's needs. **A requirement is made.**

Information in some people's care plans were not accurate or reflective of their current health needs, particularly when their needs were changing. When a person is at risk of falling, we would expect to see a specific falls prevention care plan to ensure that preventative measures are in place to reduce risk. The service had access to, but was not fully utilising, the multifactorial falls risk assessment tool. This tool would help to minimise the potential risk of people falling. **A requirement is made.**

People were observed enjoying their meals in the main dining areas together in a relaxed, unhurried manner. People could also choose to have their meals in their own room if they wished. People spoke positively about the food. We were told "the food is very good here" and "the food is very tasty". People benefitted from a range of different food choices. Where people did not like the meal on offer, they were able to choose something else. The food looked and smelt appetising. The kitchen staff knew people's likes and dislikes and made further efforts to ensure the presentation of all meals including special diets was visually appealing. This meant that people were experiencing a positive mealtime experience.

Examination of medication administration records identified medications were always available; however, we found several missing entries on the charts and no reasons given for these omissions. It is important that when there are any errors/omissions in medication administration that these issues are fully discussed with medical staff (GP/NHS 24) at the time of concern. This is to ensure any health impact on a person is monitored. **A requirement is made.**

Requirements

1. By 14 February 2025, the provider must ensure that everyone has the necessary care plans and assessments in place to help inform how their care and support needs are met. These must be monitored, reviewed and updated timeously.

This is to comply with Regulation 4(1)(a) (welfare of service users) 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 (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).

2. By 14 February 2025, the provider must make proper provision for the health, welfare, and safety of people using the service. In particular, the provider must:

- a) ensure appropriately evidenced based fall risk assessment tools and care plans are used to ensure an accurate assessment of the risk of an individual falling
- b) ensure the fall prevention care plan clearly details the measures required to keep the individual safe
- c) ensure post fall assessments and reviews take place at least monthly, following a fall, the prescription of a new medication, and/or a change in the individual's condition.

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 is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1:13).

3. By 6 December 2024, the service provider must ensure people have their medication administered in a safe way, in order to maintain their health and wellbeing. To do this, the service provider must, at a minimum:

- a) review medication practice
- b) ensure staff have the appropriate knowledge, guidance and training for administering medication and for completing medication administration records accurately
- c) implement a robust system to oversee and audit medication practice.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations for Care 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 care and support meets my needs and is right for me' (HSCS 1.19) and '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 leadership?

3 - Adequate

We made an evaluation of adequate for this key question, as strengths just outweighed weaknesses. While we found leadership that clearly demonstrated the principles behind the Health and Social Care Standards, improvements were needed in order to build on the strengths and address elements which were not contributing to positive outcomes for people.

The manager had a very active presence in the service. Staff told us that the manager was supportive and approachable. Staff were comfortable speaking to management and felt that they were able to share thoughts and suggest ideas. This was generally done informally through the manager's frequent presence within the home.

A quality assurance system is in place. This system covers aspects of service delivery including infection prevention and control, health and safety and care practice. However, the audits were not being used effectively to ensure that care planning and risk assessment documents were sufficiently detailed to inform staff practice and ensure staff were accurately completing medication administration records (see Key Question 1 for further details). **A requirement is made.**

The service overall was generally led well. People told us they valued being listened to and felt heard by the management of the care home.

The management team acknowledged that improvements were needed to ensure that quality assurance processes informed favourable change.

Requirements

1. By 12 February 2025, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes. This must include but is not limited to ensuring that:

- a) there is a quality assurance system in place to support a culture of continuous improvement
- b) effective action planning takes place within reasonable timescales which addresses identified areas for improvement
- c) ensure the quality assurance systems and processes in relation to medication management, care planning and risk assessments are further enhanced. To do this, the provider must ensure that senior management clearly identify areas for improvement, take prompt action to address indications of poor care provision, and ensure improvements are sustained.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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