

Ardenlee Care Home Service

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Type of inspection:
Unannounced

Completed on:
27 January 2025

Service provided by:
TC Carehome Ltd

Service provider number:
SP2003002621

Service no:
CS2004059227

About the service

Ardenlee Care Home is situated in the West Bay area of Dunoon with views overlooking the Clyde Estuary. The service is operated by TC Carehome Ltd. This service is registered to provide care for 33 older people. At the time of the inspection there were 30 people living in the home. Accommodation in the home is over three levels. Two bedrooms have access to en-suite facilities. There are communal bathrooms on each floor, one with a bath and bath aid for those who need assistance. The ground floor has a large communal lounge with a separate dining area. There is a separate quiet room located next to the lounge.

About the inspection

This was an unannounced inspection which took place on 20, 21, 22, 23 January 2025 between the hours of 09:00 and 18:30. 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 11 people using the service and five of their family members
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

We also took into account five completed Care Inspectorate questionnaires.

Key messages

We observed positive relationships between people and the staff team.

People benefitted from regular activities and meaningful connections.

Staff had worked hard to keep improving outcomes for people.

The care team had effective oversight of people's healthcare needs and were responsive to changing needs.

Relatives told us they had confidence in the staff and management team.

Staffing levels should be reviewed particularly in the evenings and weekends.

Support plans were used to deliver support effectively.

Maintenance checks and servicing required improvement, including fire and gas to ensure peoples safety.

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?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

4 - Good

We evaluated this question as good as we found strengths that supported positive outcomes for people and outweighed areas for improvement.

Staff knew people well and when we asked people they advised they were happy and felt they were treated with dignity and respect. One person was happy to share 'the staff are just great and help me no problem'. Relatives told us they had confidence in the staff and management team and were pleased that their loved one was well looked after. We used formal observations recording how staff interacted with people using the service and we saw that people's general mood and engagement was good, with staff interactions being kind and compassionate. People's care and support needs were well documented which enabled staff to support people effectively.

People's wellbeing could improve if the living environment was made more comfortable though the home was clean with no malodours. The lounge where people spent most of their time had been upgraded to a high standard and was comfortable and warm though other areas were not as comfortable. We will look at this under 'How good is our setting?' Relatives told us they were welcomed into the service. Staff were trained in Infection Prevention and Control. Policy and procedures were in place providing guidance should there be an outbreak of infection. Daily and monthly cleaning schedules were in use by the domestic and laundry staff in line with good practice which reduced the risks of infection.

People benefitted on the whole from safe medication practices. Medications were well managed and samples of records evidenced that people received their medication in line with prescribed instruction. The morning medication round was of considerable size and took a long time to complete, though there were plans to address this when the staffing complement was increased. Not all medication record files had pictures of people on them. Photographs are important for identification, particularly where unfamiliar or agency staff are administering medication to reduce the likelihood of the wrong medication being given. As required medication protocols were in place for people who needed this for pain or stress and distress and the records we looked at had good detail to support staff to administer appropriately. The service used a recognised tool to determine pain with people who could not articulate it well. This helped to promote wellbeing.

Person centred information was provided from family members and recorded well for staff to refer to. We asked that people who used Psychoactive medications be reviewed within the guidelines to ensure continuing use of medication was of benefit to the person. We found some medication signatures were missing though running counts were fine. Whilst there were systems and processes in place and we were confident people were receiving their medications as they should; there needs to be better oversight and additional steps taken to reduce these gaps. Service audits had identified this.

Relatives told us staff recognised when their loved one is unwell and arrange timely access to health professionals and treatment. Effective daily communication was in place highlighting clinical needs and changes in presentation of residents and the actions to follow up on. Visits by the district nurse team were ongoing twice weekly and daily for people who are required it. This allowed health professionals to effectively manage and review people's health conditions regularly. Referrals to other professionals were appropriate with good communication and information sharing supporting positive health outcomes for people.

Assessments and monitoring charts were in place to support maintaining the health and wellbeing of people. These were used to good effect. Professionals fed back that there had been real improvements since the new manager has come on board and that staff were working hard, with professionals happy to refer and place people in the service.

The mealtime experience had improved for people and people were asked for their input at residents meetings. We noted people being offered choices and daily menus were used. Food looked, smelled and tasted good. Feedback on the food was generally positive and people were able to order 'off menu' should they wish. People who required support with eating and drinking were assisted sensitively. Whilst tables were nicely set and pictorial menus where available, the surrounding environment where people ate impacted on the experience for people though we will look at this under 'How good is our setting?' There were hydration and nutrition stations readily available for people and a tea trolley was taken round twice per day for those who had support in their room. People commented that 'it is great to get a wee cake, they are lovely'. Everyone had a nutritional passport though some were not updated at the requisite timescale, this was rectified during the inspection.

Meaningful engagement worked well and though there were staff vacancies, people had access to a wide range of activity. There were opportunities for people to be supported out of the home, to access the local community. People who received support in their room were encouraged to talk about and explore their interests and feel included in the life of the home. We noted missed opportunities to evaluate if the activity met people's outcomes. People who were living with impairments need an enriched social environment to help form and maintain relationships, there is a need for staff to recognise if people have glasses and hearing aids that these aids are clean and in working order. We noted people's mood improved when they were included in activity they enjoyed. We also observed some people having fun, promoting a sense of wellbeing.

People's property and finances should be managed and protected in line with legislation. There was an anomaly during the inspection where there was non-compliance with the policy and a potential data breach. The leadership team recognised this, gave assurances and have developed a policy and procedure to be implemented as a priority. This was to ensure people's legal rights are upheld, including where people do not have capacity and have legal guardians in place. The finance policy should be reviewed and updated to reflect best practice. See Area for Improvement 1.

Areas for improvement

1. The provider should ensure that people are protected from financial harm by utilising robust finance systems, including a policy detailing clearly expected practice which will uphold people's legal rights. This should include reference to legal status and details of power of attorney/guardianship.

This is to ensure that care and support is consistent with the health and social care standards (HSCS) which state 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.'
(HCSC 2.5)

How good is our leadership?

4 - Good

We evaluated this question as good where there were strengths in aspects of the care provided and how these supported positive outcomes for people.

Relatives we spoke with had confidence in the leadership team and the staff. There was a new depute manager in post to support the manager. Relatives felt the leadership team were approachable and were good at communicating with them when things changed for their loved one. They told us they felt people worked hard for their loved ones.

Staff we spoke with told us they felt valued and that the management team were approachable. Staff feedback about leadership was very positive.

People should benefit from a culture of continuous improvement. There was a service improvement plan in place covering a wide range of areas, which was updated and reviewed but could have been reviewed more regularly. The manager demonstrated a good understanding about what was working and what improvements were needed. There was a commitment to development and improvement. Actions identified from audits as well as feedback from people experiencing care and stakeholders should be clearly linked to the service improvement plan.

Governance and oversight systems were in place to identify risks and ensure appropriate actions were taken. Clinical governance of the service was strong and quality assurance processes were robust. People could be assured that the manager had good systems and processes in place to monitor care delivered in the service. There were a number of audits being used at service and senior management level. We found some audit processes were effective in identifying improvement with clear actions, such as care plans. Care plan audits had been completed to monitor and check the quality of information. Medication audits were also being completed and supported by external medication audits by the pharmacy. We saw the lessons learned approach through complaints. We noted that actions for improvement were recorded and completion dates stated. As a result the manager had oversight of progress in care planning and delivery across the service.

Whilst oversight of care planning and delivery was good there were missing safety assurances. Staffing levels should be reviewed, see 'How good is our staff team?' The provider should implement a quality assurance system to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

A new fire system had been installed and whilst active did not have a completion certificate. This gave us cause for concern, we will look at this under 'How good is our setting?'. The provider was proactive during the inspection arranging the completion of these outstanding works. The manager and provider should have oversight of all elements of service provision including environmental and safety assurances. See area for improvement 1.

All heads of department were in post and communication was clear, flash and daily handovers contributed to this. The service held regular relatives and residents meetings and encouraged feedback. Regular staff meetings would have supported better all round communication.

We acknowledged the work that had gone into achieving a wide range of improvements over recent months, minus some crucial gaps around maintenance. It is therefore important that there is a clear focus on how improvements made will be sustained to continue to provide positive outcomes for people living in the service.

Areas for improvement

1. To ensure people are kept safe in their setting the provider should implement robust quality assurance processes which include feedback from people and link to an improvement plan. These processes should include a framework for audits, their frequency and responsibilities for sign off to ensure oversight of maintenance and safety of the building.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state: 'My environment is secure and safe.' (HSCS 5.19) 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 staff team?

3 - Adequate

We evaluated this question as adequate where strengths were having a positive impact on people but improvements were needed to promote further positive experiences.

People could be confident that safer recruitment practices were in place to recruit staff in accordance with good practice and safer recruitment guidance. We asked that full dates (month and year) are requested when asking candidates to detail previous work history. The service was actively recruiting additional staff including carers and activity staff. New staff were offered an induction and a more experienced staff member to support them. The service had all heads of department in place during our inspection which improved oversight of each department. Staffing was stable however there continued to be significant vacancies which were being filled by agency staff. Relatives raised concerns about the numbers of agency staff increasing at the last relatives meeting.

People benefitted from a warm atmosphere and permanent staff clearly knew people well. We noted staff worked well together as a team, supported each other and though busy did not seem rushed and were visible throughout most of the home. People told us staff were 'lovely and so helpful'. Staff told us there was a better morale and were clear about their roles. Staff told us they felt well supported, confident and competent in their roles. Feedback from people and relatives have said improved access to meaningful activity has really made a difference.

Staff were trained in mandatory training such as adult protection and moving and assisting and a range of competency assessments were ongoing. The uptake of staff training was good, which improved staff knowledge and understanding. People could be confident they were safely supported by permanent staff who were competent. The management team had developed a training plan including face to face and online training for all staff. Supervision was regular affording staff the opportunity to reflect and highlight any training issues. Staff were registered with an appropriate professional body. There were new policies to support staff wellbeing and an employee of the month had been introduced. People, staff and relatives complete the nominations, which allows for feedback. We did not see any evidence of team meetings. Staff meetings should be regular to allow people to come together to reflect and learn and discuss practice issues to support positive outcomes for people.

People's needs should be met by the right number and skills mix of staff and be in line with safer staffing legislation. We were concerned that staff arrangements at some times, particularly in the evenings, were not sufficient to promote people's safety and wellbeing. Staff changeover at 20:00 left only two care staff to support people throughout their evening and to bed. This meant that people who were at risk of falls were left unsupervised in the lounge with no technology to alert staff to any potential falls. We saw that agency use was very high in the dependency analysis. We heard from some people that at times they needed to

wait for support, particularly in the evening. There was an overreliance on agency staff particularly for night shift and at weekends. Though some agency staff were regular this limited people experiencing consistency with their care and support. We asked that staff are deployed effectively and available at any time of the day or night to support people when they need this. People should not have to wait longer for help or assistance no matter where they are in the building or what time it is. The provider must continue to review staffing arrangements, ensuring appropriate levels of staff across the home at all times, to fully meet people's identified care needs. See requirement 1.

The service carried out routine assessments of people's needs and dependency levels. We could see leaders using some of the analysis to inform care plans and staffing. We found that some information was incorrect. The assessments used to decide staffing levels did not include information about people's support needs in relation to meaningful activity. The staffing was deployed for people's needs as they had been the previous week not taking into account falls, infection, and other changes to health. It is important that there is an ongoing review of this to ensure staffing levels across the service are appropriate to meet people's needs. We discussed with the manager that the dependency tool should be supported by a clear narrative of how additional intelligence has been considered when deciding staffing levels. This could include information such as environmental issues, activities, key team vacancies and intelligence from significant event analysis such as incident and accidents. This should be responsive and adaptable to meet people's changing needs.

Requirements

1. By 31 March 2025, the provider must review the staffing levels to ensure that there are sufficient numbers of staff deployed with the right skills and knowledge to support people at all times. To do this, the provider must, at a minimum:

- a) consider the needs of people supported and demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements
- b) take into account the layout of the building
- c) consider other tasks which may impact on staffs ability to provide support
- d) include feedback from all stakeholders.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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 : "I am confident people respond promptly, including when I ask for help." (HSCS 3.17).

How good is our setting?

3 - Adequate

We evaluated this question as adequate where areas of improvement needed to be addressed for people's safety and comfort.

People should expect to live in an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. The home was clean and fresh during our visit. Some areas of the home were tired and worn and needed improvement including flooring in the dining area and carpeting in the hall and stairs areas. The provider had a plan to address this.

Communal areas and peoples bedrooms were cleaned to a good standard. The lounge had been upgraded to a high standard and people were enjoying this comfortable, well-furnished environment. A shower area

situated off of the lounge had been upgraded for people to use as many of the en-suite showers were out of use. Some people's bedrooms had been painted and flooring replaced. Others had been personalised with people's own furniture and belongings. This made the rooms more homely.

A plan of refurbishment had previously been in place to equip bedrooms with en-suite facilities, and though this had stalled the service were again actively progressing some of these plans. We asked that an environmental audit is carried out and a plan of works embarked upon to address some of the environmental improvements needed. See area for improvement 1.

People should expect an environment that is safe and well maintained. There was a maintenance schedule implemented and routine maintenance and repairs were carried out promptly and whilst many regular checks were ongoing there were significant missing safety certificates. The service did not have the relative safety checks which are required to ensure people's safety. There was no relevant fire detection system certificate following a new installation and no gas safety certificate for the kitchen. We were not confident that people were in an environment that was safe and well maintained. We highlighted this and the provider was responsive, actioning completion certificates and arranging works to be carried out swiftly. See area for improvement 2.

We asked for assurance that people's safety was prioritised and about the upgrade needed to ensure people experience high quality facilities. We noted that a wide range of staff had all trained as fire wardens and this included agency staff.

A planned investment in the service has been agreed and this will be fed back to residents and relatives during meetings. This will improve outcomes for people and quality of life in their home.

Areas for improvement

1. To ensure people experience an environment that is safe and well maintained the provider should improve the internal and external areas of the care home. An environmental audit should be carried out and a plan of works embarked upon to address the environmental improvements needed.

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 5.22) and "My environment is secure and safe."(HSCS 5.17).

2. To ensure that the environment is safe and protects people who live, visit and work in the service from harm the provider should ensure that all maintenance, servicing and safety checks are being carried out. These should be carried out in line with legislation, good practice and organisation policy. Any resultant actions from these checks should be recorded and action taken without delay.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My environment is secure and safe" (HSCS 5.17) and "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment."(HSCS 5.22).

How well is our care and support planned?

4 - Good

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

People should benefit from care plans which are person centred, regularly reviewed and reflect their rights, preferences and outcomes. Everyone including new residents had a care plan in place. Information was mostly up to date in the samples we looked at which included life history and some clinical information. Risk assessments were in place and used appropriately. Peoples independence was promoted including positive risk taking to promote people's mobility. Legal documentation was in place where required. The service were experiencing some issues around certificates or completed treatment plans where Adults With Incapacity certificates were in place. The service was actively attempting to address this matter.

We noted that people's future wishes were recorded and known. People and their relatives were involved in these discussions. Reviews were arranged every six months including external reviews. Details of restrictive practices were documented in people's care plans, however we were unable to see any evidence of practice logs in use or a review of restrictive practice taking place. Risk assessments in particular should have a connection to any restrictions to freedom or physical interventions to ensure that people's rights are respected and legislative guidance is followed and reviewed regularly.

Leaders and staff used the care plans including temporary care plans to deliver care and support effectively. Plans were reviewed and updated with use of resident of the day or when changes occur. It would be good to see more detailed plans of how to support people with changes in their health needs or when they were experiencing stress and distress. We saw that daily running notes captured people's care and support tasks. This was task focused and did not detail people's wellbeing or detail how people had spent their day. Outcomes were recorded for people though mainly task focused, and some of the plans sampled were written in a person-centred manner. It was recognised that upskilling of staff in this area was a work in progress.

Relatives told us on the whole that they were kept up to date with changes to their loved ones health though we heard about some instances where visits from health professionals weren't passed on. Comments made such as 'we didn't know that the nurse had visited mum'. Relevant professionals commented that they are asked about their visit by staff who wish to record the advice in peoples plans. This should always be forwarded to relatives particularly if they have power of attorney (POA) or legal guardianship.

We saw examples of Advocacy services that were used in certain cases which provided good outcomes for people. We noted that strong oversight of plans were supported by robust auditing.

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 social engagement, activity meaningful to individuals, and opportunities for people to move more, the provider should build on and further enhance activities within and out with the home. This should include developing individualised activity plans for each person, taking account of their skills, abilities, interests and wishes.

This is to ensure that care and support is consistent with 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 use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support." (HSCS 5.1).

This area for improvement was made on 17 August 2023.

This area for improvement was made on 17 August 2023.

Action taken since then

There was a new activity co-ordinator in post and whilst there remains an 18 hour post to be filled there was good evidence of activity over a period of time including access to weekly fitness in the lounge area for movement and exercise.

People were getting access to the community for a variety of activities. Community groups had outings to the local library on a Wednesday and knitting and embroidery.

We looked at a range of evidence of people having 1-1 support whether out for a walk or in their room. People had a record of the individual activity in their care plan. Whilst there was an individual activity planner in place, we discussed with activity staff to evaluate peoples experiences of activity to ensure it met their choices and preferences.

The provider had improved activities within and out with the home.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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