

Springvale Care Home Care Home Service

9 Main Street
Lennoxtown
Glasgow
G66 7HA

Telephone: 01360 312 765

Type of inspection:
Unannounced

Completed on:
28 February 2025

Service provided by:
Springvale Care Limited

Service provider number:
SP2018013254

Service no:
CS2018372196

About the service

Springvale Care Home for older people is located in the main street of Lennoxton in East Dunbartonshire. The home is near to local shops and bus routes. The service can provide care for up to 95 older people. The service operates from a two-storey building, with two units on the ground floor and two on the first floor. All bedrooms are single with en-suite toilet and shower facilities. The care home offers a choice of sitting and dining areas. Additionally, the home has a café area, a private dining room and a cinema room for residents and their families to use. People have access to outdoor space on both floors. There are enclosed garden areas at ground level and balconies on the first floor, providing outdoor sitting areas. There were 91 people living at the service at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 25 and 26 February 2025. The inspection was carried out by three 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 nine people using the service and seven of their family/friends
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals
- reviewed survey results returned to us by fourteen relatives, eleven staff members and four external professionals.

Key messages

People's health and wellbeing was well supported. Robust clinical oversight was in place and outcomes for people were positive. The service were working towards an outstanding area for improvement regarding recording of topical medications.

Quality assurance was regular and management oversight was effective. Some clearer recordings of actions would be of benefit to the service.

Staffing levels and skill mix were considered regularly by the service. There had been successful interventions made to reduce inconsistencies across the different units.

Environmental improvements were taking place across the service. We made some suggestions that the service agreed to action.

Care plans were detailed and current with some minor inconsistencies that should be actioned.

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?	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?

4 - Good

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

We spent time speaking with people living at the home and observing daily life. Interactions between people and staff were warm and positive. Staff had a good knowledge of people and their support needs. The residents that we spoke to did not identify any concerns with how the service was providing their care and support. We found the management team to be responsive to any suggestions that we made during the inspection. We did identify a missed opportunity for additional positive engagement during observations and our feedback was taken on board by the service.

Clinical meetings evidenced thorough holistic knowledge and oversight of people's physical and mental wellbeing. These meetings covered all aspects of people's care and support from medical input to nutrition and activities. Appropriate referrals to external health professionals were being made for people who required those. Feedback we received from external health and social care professionals was positive. The local health and social care partnership had also recently completed an assurance visit to the service.

Relatives told us about positive relationships that had been built with people and their family members. It was clear that visitors were welcomed and regularly spent time at the home. Most relatives told us that communication with them was good and we could see logs of this within people's care plans. Some did identify that communication could be further improved and several mentioned that staff name badges would be beneficial.

We spent time with the management team and discussed details of events that had been notified to us since our last inspection. The events had been managed and actions had been put in place. There was no evidence to suggest that there were ongoing risks to people's wellbeing. We found that people's health and wellbeing benefitted from their care and support.

How good is our leadership?

4 - Good

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

The management team were responsive and supportive over the course of the inspection. Internal quality assurance had taken place and had identified some areas that required further work. The improvement plan in place was clear and detailed in terms of actions, dates and who was responsible. We could see that the senior management team were providing additional oversight of progress. We did feel that some documents and action plans would have benefitted from clearer updates showing when actions had been completed. In practice, we were able to see that actions had been taken appropriately but a clear evidence trail would have been of benefit to the service.

Effective tracking systems were in place to provide an overview of when people's six-monthly reviews were due as well as monitoring when important documents and consents were due to expire. Audits were routinely scheduled and regular management walk rounds were thorough and detailed. Management were carrying out regular observations and spot checks across the home.

The vast majority of people, staff and relatives we spoke with, or received survey results from, were positive regarding management and their input across the service.

Surveys and relative meetings had been conducted by the service as part of their quality assurance process. Emailed updates and newsletters were being used to keep relatives informed. The service were using feedback from stakeholders to further improve the activities that were on offer. We could see that the internal quality assurance and improvement was having a positive impact on the service.

How good is our staff team?

4 - Good

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

The staff we met were positive about the service and their roles within it. Meetings had taken place with staff to confirm roles and responsibilities, and differences across units picked up at previous inspection had reduced. The service should continue with regular team meetings and supervision sessions to support staff wellbeing. The service had introduced a robust induction package and training statistics were at a good level. The service conducted regular competency checks on staff and had introduced 'hot topic' themes to effectively target areas that arose. We sampled observations on moving and assisting which were thorough and provided feedback to staff. It was positive to note that all observations had included input from the resident who had been assisted and captured their point of view within the record.

Staffing ratios were being regularly assessed and training had been arranged for staff who were responsible for assessing these dependency levels. Staff deployment had been considered with the skill mix in mind. The home did not have a high vacancy or absence rate and there had been low usage of agency staff across the service. Higher staffing numbers had been introduced in the mornings in units who required additional support at those times. We did not observe any negative interactions during the inspection, but did highlight the ongoing impact of neutral interactions and missed engagement opportunities on people living at the service.

Safer recruitment guidelines were being followed and overviews were in place to monitor staff compliance with their own required professional registrations. The staffing arrangements at the home were regularly reviewed and positive teamwork was observed and evidenced.

How good is our setting?

4 - Good

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

There was ongoing refurbishment taking place at the time of inspection. This included replacement flooring in some areas and redecoration. The people who lived at the home were consulted and had been involved in choosing colours and wallpaper. People's own bedrooms were homely and personalised. Units had a variety of communal areas that could be accessed, including larger lounges, dining areas and smaller quieter areas. We did visit one lounge area in the evening and felt the lighting to be overly bright rather than homely and relaxing for the time of day. We found that people were using these areas as they wished and were freely able to move around from their rooms to communal areas. There was also a welcoming café area that could be accessed by people and relatives.

We did not observe any areas that appeared to be dirty but we were aware of mixed feedback from relatives regarding the cleanliness. Whilst many had praised how clean the home was, there were several who mentioned odours from toilets, potentially from drains. We asked the service to explore this further as cleaning alone would not tackle drain problems. We observed the home to be tidy other than some items stored in communal bathrooms and we identified one internal keypad that could be upgraded. One unit had a medication storage room that had a slightly high temperature. The service assured us that these would be actioned. Some recent laundry equipment issues were actively being actioned during the inspection.

The management team had completed environmental audits and had identified areas that they were working to improve on. This included an audit focussing on how well the environment supported people living with dementia. We were able to view safety records and certificates showing that regular checks on the home and equipment that was in use. We assessed that the facilities were of a good standard and that further improvement was ongoing.

How well is our care and support planned?

4 - Good

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

People's care plans were routinely reviewed monthly to keep them current and formal six-monthly reviews were in date for most people. Those that were out of date were not significantly overdue. The home used an online care planning system and we sampled care plans which clearly showed people's care and support needs. We found these to be detailed and reflective with only a few inconsistencies which were highlighted at time of inspection. We found that there were detailed strategies in place to support people with any episodes of stress and distress. The robust clinical oversight did match with records in people's care plans and how people presented during our observations.

There was clear evidence of external health professional input and those we consulted with were positive about staff, management and the service in general. The nurses and senior care assistants we observed were both proactive and reactive as required. Any identified actions were completed in a timely manner and confirmed as completed. Communications with family members were also logged in care plans. We did suggest that there could be some improvement in recording minor concerns from relatives within these notes in order to ensure swift action and preventing small issues becoming bigger issues.

Care plans had been audited and identified actions were appropriate. Some gaps that we identified in oral care records had also been picked up by service and were being actioned. Audits of the nurse call system could evidence that staff responded quickly when people had requested assistance. Overall, we were assured that care planning was effective in supporting staff to meet people's outcomes and reflected their wishes.

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 maintain and monitor people's health and wellbeing all daily monitoring charts including, but not limited to topical medicines administration sheets should be accurately completed in line with assessed need and/or prescriber's instructions.

This is to ensure care and support is consistent with Health and Social Care Standard (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 7 June 2024.

Action taken since then

We sampled some daily monitoring charts and found that there were recording gaps within those. In particular, we found that recording sheets regarding topical medication had not consistently captured when creams or lotions were applied. This meant the service could not evidence that topical lotions were administered in line with prescribing instructions. The service's own quality assurance had also picked up recording gaps and had identified how this would be actioned. We agreed that the service were still working towards meeting this area for improvement.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

The service should ensure people's wellbeing needs are being met by staff consistently. To do this the service should facilitate and evidence meetings with all staff about roles and responsibilities and encourage staff feedback in assuring staffing levels are maintained in line with people's needs.

This is to ensure that care and support is consistent with Health and Social Care Standard (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 speak to me' (HSCS 3.16).

This area for improvement was made on 7 June 2024.

Action taken since then

There had been several team meetings that had taken place across the service for different staff groups. We also saw evidence of some smaller group sessions which had taken place where roles and responsibilities had been discussed. An overview of staff supervision showed us that most staff had participated in these one to one meetings. We saw that staffing levels were actively being discussed and reviewed. Training had been arranged for staff who had responsibilities for assessing dependency levels.

This area for improvement has been met.

Previous area for improvement 3

To make sure, and evidence that people's needs are being fully met the service should ensure people's support and care tasks are fully detailed and agreed supports are carried out and recorded in line with identified needs.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and '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 7 June 2024.

Action taken since then

We sampled care plans that had a good level of detail but had noted some inconsistencies in reference to repositioning for people who required this to be monitored. The recording charts in place had not always matched with time periods identified in care plans. We also noted gaps in some people's oral care records. The service had also identified this within their own quality assurance processes and we agreed to give the service some additional time to action.

This area for improvement has not been met and will be repeated.

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?	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.