

Spiers Care Home Care Home Service

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Telephone: 01505 503 324

Type of inspection:
Unannounced

Completed on:
10 January 2025

Service provided by:
SCCL Operations Limited

Service provider number:
SP2014012299

Service no:
CS2014326143

About the service

Spiers Care Home is registered to provide a care service to a maximum of 45 older people. Within the maximum of 45 places, two places can be provided for named individuals under the age of 65 years. The provider is Anavo Care Group Limited.

The home is in the centre of Beith and is close to local amenities and transport links.

Accommodation is located on the ground floor and is built around a central courtyard and garden area. There is some access to the enclosed central garden areas.

All bedrooms are single occupancy with en suite toilet facilities and some with a shower. There are three units, each with their own separate lounge/dining areas.

There is a small therapy/relaxation room and a hairdressing salon. There is also a café room, used mainly for visitors. The accommodation on the upper floor is used only for staff for manager's office, training room and maintenance.

At the time of our inspection 39 people were living in the care home.

About the inspection

This was a second unannounced follow up inspection to review requirements made as a result of upheld complaints, which took place on 8 January 2025 from 10:20 to 14:30. 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 the manager and the regional manager and we reviewed documents.

Key messages

To ensure the safety and wellbeing of people experiencing care, the provider must ensure effective falls management.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 October 2024, to support effective falls management, the provider must ensure as a minimum:

- a) that if people's care and support needs change, including after falls, risks are re-assessed, care plans are updated and any changes are clearly communicated to staff
- b) implement a falls prevention strategy to minimise the risks to people and ensure falls are analysed to allow any improvements to be identified
- c) ensure staff are confident and competent in the use of clinical observation and monitoring tools, which record changes to people's presentation to support decision making
- d) ensure staff escalate, without delay, any concerns relating to changes in people's presentation which requires medical advice or intervention
- e) ensure clear records are maintained, which evidence liaison with external health professionals
- f) ensure any equipment required is turned on, in good working order with regular checks and maintenance carried out and recorded
- g) ensure monitoring systems are in place with regards to the whereabouts of individuals who are known to walk with purpose.

This requirement was made on 23 September 2024.

Action taken on previous requirement

The care home manager informed us there had been an outbreak of flu within the care home, this had impacted on both residents and staff; whilst this had been a challenging time within the care home we sampled records that confirmed care plan records had been updated to record changes to people's needs, appropriate checks for people who walked with purpose were in place with regular staff checks being recorded. Regular equipment checks were taking place and recorded by staff throughout each shift.

We sampled daily huddle records and saw good progress had been made in the recording of information.

The manager had been proactive in ensuring the falls resource pack was implemented and all staff had signed to say they had received this. A copy of the resource pack was made available to all staff within each unit of the care home. We noted the contents of the resource pack to be robust, providing a range of

information and guidance for staff.

We saw evidence that staff had completed Restore 2 training. During a discussion with the manager we were given an example of how staff had utilised the knowledge from the training to inform their practice when a person had become unwell, external medical professionals had suggested staff wait for a period of time to see if the person improved. As a result of the tools used, staff were able to clearly explain to external professionals their observation and assessment of the person. This enabled external medical professionals to clearly assess the person's needs resulting in a hospital admission where the person was able to make a good recovery and return back to the care home.

We discussed with the manager it would be helpful to have oversight of staff improved knowledge, understanding and confidence in using the tool when assessing people's needs. The manager shared with us a sample of reflective accounts from staff demonstrating their learning from the training.

We were satisfied from discussions with the manager and evidence viewed that the requirement was met.

Met - outwith timescales

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 people and their families have confidence in the service provided the care provider should improve their practice of informing the Care Inspectorate of any notifiable events as detailed in "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

This is to ensure care and support is consistent with Health and Social Care Standard 4.18: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

This area for improvement was made on 23 September 2024.

Action taken since then

The manager informed us that in the absence of another nominated person to submit notifications to the regulator in a timely manner, she had ensured that she was available to submit notifications over a seven day period.

The manager confirmed that moving forward a named nurse and the newly appointed clinical lead will also be responsible for submitting notifications to the regulator when necessary.

We observed good progress had been made regarding the submission of notifications to the care regulator. We were assured with the new measures in place the area for improvement was met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

To find out more

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