

Springvale Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
7 September 2021

Service provided by:
Springvale Care Limited

Service provider number:
SP2018013254

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CS2018372196

About the service

This inspection was carried out by two inspectors from the Care Inspectorate.

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 provider is Springvale Care Ltd. This service registered with the Care Inspectorate on 29 March 2019 to care for 95 older people. At the time of the inspection there were 48 people living in the home.

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.

What people told us

We asked people using the service and their relatives to share their experience of Springvale Care Home. We spoke with a range of people face to face during the inspection visit.

People we talked with during the inspection spoke very positively about the staff and the care they gave. People told us.

"The staff are very kind. They look after me well."

"The staff are nice."

"I get on with the staff they are friendly."

People told us that the food was good and that there were good menu choices.

One person said, " I enjoy the food. If you don't like what's on the menu the staff will get you something else from the kitchen".

We were told that there was not enough to keep people occupied. People told us

"Very little happens, it's a long day."

"It's boring, there's nothing to do, it's ridiculous that there's nothing organised. The day is so long."

"I would like to get out more often. There are cafes across the road it would be nice to get a chance to visit them."

Visiting family members commented positively on the care that their relatives were receiving. They told us that visiting was well organised. People said that communication was good, and that staff kept in touch if there are any changes.

Relatives commented,

"Staff are lovely, they are very kind."

"Staff go over and above. Nothing is too much trouble for them, they are all so helpful."

"The staff look after my relative very well. She's comfortable."

"Staff are very good at keeping in touch when there's any changes in my relative's health, they call me and keep me up to date with changes when I visit. You can't ask for better than that."

"The manager is nice and very approachable. He comes and talks to people"

"My relative receives very good care here, I have no complaints."

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 care and support during the COVID-19 pandemic?	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

1.1 People experience compassion, dignity, and respect.

We saw staff were kind and compassionate towards people they cared for. Particularly when people were distressed. Staff were aware of people's preferences. This helped staff promote individuals' choices when delivering day to day care.

On the first day of inspection, we saw that many people were unkempt and poorly presented. This does not promote the principles of dignity and respect. We discussed this with the depute manager who took action to address this issue. On day two of the inspection, we saw that people's appearance had improved. However, acceptable standards should be always maintained. Staff need to be reminded of their responsibility to promote the principles of dignity and respect.

See requirement 1.

1.2 People experience wellbeing as a result of their care and support.

The systems in place to support families to visit safely were working well. Staff were supporting people to keep in touch with their families. The management of visiting was positively commented on by families and residents.

We saw that at times staff interactions were task based and could be more person-centred. During observations, we saw some staff spent more time with residents who could respond to them and less time with people who were quieter. This could result on people feeling ignored and isolated.

We were concerned to see that there was minimal engagement with people who spend time in their bedrooms. This could cause feelings of isolation and loneliness.

This approach could be improved with dementia care training such as the 'Promoting Excellence programme for dementia learning and development'. This would help staff develop the skills and knowledge to deliver responsive, person-centred care and improve outcomes for people.

To help to give purpose to individuals' day and support their well-being, people should have opportunities to take part in activity that is meaningful to them.

We are aware that there is currently a vacancy in the activity team, this has resulted in a lack of activities being organised for people to take part in. People we spoke with told us they were bored, that it was a long day and that there was nothing to do.

We are aware that recruitment into this vacant post is on-going. However, the provider should look at ways to ensure that staff are identified to lead and co-ordinate activities daily until the post is filled.

See requirement 2.

1.3 People's health benefits from their care and support

People living in Springvale care home benefit from being supported by a skilled, knowledgeable nursing and care team. The healthcare needs of people living in the home were well managed. Staff were knowledgeable about the range of health care professionals they could call on for advice and support when needed. There was evidence that visiting healthcare professional's advice and directions were being followed to support individual's health needs.

There were good communication systems in place to ensure all teams were kept up to date with any changes in care and events in the home. This supported a responsive approach to promoting the health, welfare and safety of people living in the home.

The personal plans we sampled reflected a person-centred approach and contained good information about individuals support needs and their preferences. Plans of care were generally up to date. However, there was a need to review some aspects of care plans and to archive older documents. This would ensure that care plans were current.

Evaluations were outcome focused and meaningful. They detailed the effectiveness of care plans. This helps direct staff to support people healthcare needs consistently.

We saw that care charts were generally well completed. However, there was a need for attention to detail regarding the completion of all care charts. Accurate information helps ensure that healthcare needs are effectively assessed and monitored.

See area for improvement 1.

Information from completed risk assessments was being gathered on a monthly basis. The information was being used to inform an overview of the management of risks. Regular clinical meetings provided a forum to discuss risk management. This helps keep people safe and improve their healthcare outcomes.

Peoples nutritional and hydration needs were being supported as mealtimes were well managed and people had good access to drinks and snacks between meals. We saw that staff had a good awareness of people's preferences and specific dietary needs.

We saw that some people sat in the same place for extended times during the day with little movement. Staff need to be made aware of the benefits to people' health and wellbeing when they are supported to move more often. The provider should develop the dining area to allow more people to sit at tables to encourage them to move and have a change of scene. This would help keep people socially connected to the community in the home.

See area for improvement 2.**Requirements**

1. By **12 December 2021**, the provider must ensure that the care service is provided in a manner which maintains the dignity of service users and promotes the principles of respect.

In order to do this the provider must ensure that -

-staff receive appropriate training to improve their understanding of the principles of dignity and respect as set out in the Health and Social Care Standards

-staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council understand and adhere to their relevant codes of conduct and practice

-systems should be implemented to ensure that individual's appearance and presentation are maintained to acceptable standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state -

'My human rights are protected and promoted, and I experience no discrimination' (HSCS 1.2)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.'
(HSCS 3.13)

'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)

And, in order to comply with Regulations 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By **12 Dec 2021**, the provider must ensure that people have access to meaningful activity to support their wellbeing. The provider must ensure there are appropriate numbers of staff available to support the co-ordination and delivery of meaningful activity for everyone living in the home.

And to help support meaningful engagement with people living with dementia the provider must ensure that staff are supported with appropriate training such as 'Promoting Excellence programme for dementia learning and development'.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

'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)

And, 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).

Areas for improvement

1. To support the management of individual's healthcare needs the provider should ensure that all aspects of personal plans and care charts are kept up to date. This includes, but is not limited to, falls risk assessments, oral care charts, personal care records and topical medication records.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'My care and support meet my needs and is right for me'. (HSCS 1.19).

2. To support individuals' health and wellbeing the provider should ensure that people are supported to change their position regularly. Staff awareness regarding this could be improved by accessing the Care Inspectorate resource 'Making every move count'.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'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)

'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)

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

There was a sufficient supply of PPE and clinical waste bins in the home. PPE was being stored safely and supplies were being regularly replenished. This meant that staff had access to PPE and clinical waste disposal at the point of use. Staff had received Infection Prevention and Control (IPC) training and we saw that they used PPE correctly. Staff understood and carried out good hand hygiene practice for themselves and for the people they support. Staff supported social distancing sensitively. Procedures were in place in line with current guidance to safely manage visitors to the home. These measures helped to ensure that people were being safeguarded from infection.

On the first day of inspection, we identified some areas of the home and some equipment that needed to be cleaned to ensure that people living in the home were protected from harm and the risk of infection. The management team took immediate action to resolve this. On the second day of the inspection, we noted that the areas of concern had been improved.

The systems used to assess and monitor cleanliness of the home and equipment need to be improved. This would ensure a consistent approach to the monitoring of cleanliness and help maintain acceptable standards.

See requirement 1.

We noted wear and tear in some areas of the home. This could impact on the effectiveness of cleaning and disinfection. There is a need for action to refurbish these areas to ensure that people experience care in a home that is well maintained. We discussed this with the provider who gave assurances that a refurbishment plan would be initiated. The provider should share this plan with the Care Inspectorate.

See area for improvement 1.

We were concerned that there were many unlabelled items of peoples clothing being stored in the laundry and other areas of the home. This included underwear used with incontinence aids. There were indicators that unlabelled items of clothing were being used communally. This does not promote individuals' dignity or acceptable IPC practice.

See requirement 2.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

We saw that members of all staff teams knew people and their families well. Relatives we spoke with commented positively about the friendliness of staff. This helped to promote a relaxed atmosphere in the home which benefited people's well-being.

There were sufficient care and nursing staff available to attend to the care and support needs of people. Senior member of the care team demonstrated an understanding of their roles and responsibilities. They effectively lead and directed staff, which ensured that people care needs were supported.

It is important that staff have access to regular supervision to evaluate their practice and plan training. We noted that a schedule of regular staff supervision was established. Staff commented that they found supervision to be positive and supportive.

During the inspection we noted that there was the need to increase the number of hours and range of hours across the day worked by the housekeeping team. We discussed this with the provider and highlighted that this would support the maintenance of acceptable standards of cleanliness and improve management of laundry. The provider has started to recruit to increase the housekeeping team personnel. And has assured us that the hours the housekeeping team will be available day to day will be increased. We will monitor progress with this at the next inspection and assess the impact this has on maintaining acceptable levels of cleanliness within the home.

Requirements

1. By **12 December 2021**, the provider must ensure that they protect people from infection by implementing a robust and consistent approach to maintaining acceptable standards of cleanliness of the home and the equipment used by service users.

In order to do this the provider must ensure that -

- quality audit tools are improved to capture all aspects of assessment and monitoring of cleanliness of the home and equipment used by service users

- quality audit tools take account of current infection prevention and control guidance

- staff involved in the quality assurance process have the knowledge to effectively complete the audit tools

- outcomes of quality audits are be used to inform action plans to address any issues identified

- systems are put in place to verify that actions have been completed and acceptable standards of cleanliness are maintained.

This is to ensure care and support is consistent with the Health and Social Care Standards

which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

And, 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).

2. Beginning immediately and to be completed by **10 October 2021** the provider must take action to promote individuals' dignity and maintain acceptable IPC practice. In order to do this the provider must ensure that -

- unlabelled clothing is returned to its owner or disposed of

- the practice of communal use of clothing and underwear used with continence aids ceases

-systems are put in place to effectively and clearly label individuals clothing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state-

'My human rights are protected and promoted, and I experience no discrimination.' (HSCS1.2)

And, in order to comply with Regulation 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. The provider should share the refurbishment plan with the Care Inspectorate. The plan should detail the timescales for refurbishment to take place.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

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

The provider should ensure that decisions in relation to end of life care and DNACPR are part of a person-centred assessment and regularly assessed. This should include consideration of the risks and benefits of any treatment or intervention for an individual.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively'. (HSCS 1.7); and

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11)

This area for improvement was made on 6 August 2020.

Action taken since then

We noted that the service had worked hard to developing person centred Anticipatory Care Plans. These reflected individuals' decisions regarding their end of life care.

This area for improvement has been implemented.

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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