

## Three Towns Care Home Care Home Service

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Stevenston  
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Type of inspection: Unannounced  
Inspection completed on: 8 March 2017

**Service provided by:**  
Lakewood Limited

**Service provider number:**  
SP2011011672

**Care service number:**  
CS2011300271

## About the service we inspected

Three Towns Care Home is a purpose-built care home situated in Stevenston, North Ayrshire close to local shops, transport and amenities. It is registered to provide a care service to a maximum of 60 older people, some of whom may have dementia. This includes the provision of respite care to a maximum of three older people on each floor at any one time. The provider is Lakewood Limited.

Accommodation is provided over two floors connected by passenger lift. Ardeer unit, which is located on the first floor, is currently designated as a dementia unit. It has 33 single en suite bedrooms, a large lounge, dining area and designated smoke room. Nobel Unit on the ground floor has 27 single en suite bedrooms with a large lounge, dining room and a newly established 'poppy tearoom'. Assisted bathing and showering facilities are available on each floor. There is an enclosed garden area and some bedrooms have patio doors leading into this area.

At the time of this inspection a new manager was in post (previously the deputy manager). There was no deputy manager in post although the service had interviewed for the post but had not found a successful candidate. A new regional manager had also been appointed since the last inspection

The service stated aim is 'To provide the level of care and support needed to ensure that, as far as possible, residents can maintain their independence and individuality'.

This service was registered with the Care Inspectorate on 31 October 2011.

## How we inspected the service

We wrote this report after an unannounced inspection that took place on 6 and 7 March 2017. This inspection was carried out by two inspectors and a volunteer inspector and focused on the action taken by the provider to meet the requirements and recommendations made in the previous inspection report of 11 August 2016.

The volunteer inspector's role within the inspection is to seek the comments and views of residents and relatives on the quality of the service and make observations of routines and staff interactions with residents.

During the inspection, we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- evidence from the action plan from the previous inspection
- the service's most recent self-assessment
- care files of people who use the service, including assessments, care plans and evaluations.
- training records
- induction training records
- review tracker system
- care review records
- accident and incident records
- medication records and systems
- system used for managing individuals' personal money
- discussions with various people including;
  - manager
  - care staff

- nurses
- people who use the service
- relatives
- observing how staff work and the environment.

We also used a Short Observational Framework for Inspection tool (SOFI 2) to directly observe the experience and outcomes for two people in the ground floor lounge and three people in the first floor lounge.

## Taking the views of people using the service into account

The volunteer inspector spoke with five service users. Service users were very positive about the service they received and were very complimentary about the staff who delivered their care. However, they felt that staff were 'run off their feet' particularly on night shift. Meals were good and people told us they could ask for an alternative if the menu wasn't to their taste. The volunteer inspector observed staff engagement with service users and felt that staff knew service users well. However, there was a need for more stimulating activity, particularly in the Ardeer Unit where the majority of service users have dementia.

Comments included:

'Staff not bad, some better than others'.

'Can't complain I am quite happy here'.

We received nine completed Care Inspectorate questionnaires. The responses to the questions asked were positive. There were no negative responses in the questionnaires. Of the nine questionnaires, received six service users 'Strongly Agreed' with the statement 'Overall, I am happy with the quality of care I receive at this home' and three 'Agreed' with the statement.

Additional comments included:

One person commented; 'I can go to bed when I wish, but get woken up for medication, then can't get back to sleep again'.

Other comments were:

'It's great. I like all the staff'.

'It's really good I like the staff'.

## Taking carers' views into account

The volunteer inspector spoke with six relatives of service users. Their comments about the quality of the service were also positive and complimentary about the quality of staff. Relatives told us that staff were good at keeping in contact with them if there were any changes in their loved ones health or care needs. We were told that keyworkers were constantly changing.

Other comments made included:

'They all know him and look after him well'.

'All well, girls know him well'.

'Did have a problem with food previously but that's all sorted out'.

'Good at getting in touch'.

We received four completed Care Inspectorate questionnaires from relatives. Three of the completed questionnaires reflected good levels of satisfaction with all elements of the service. Of these three questionnaires, two people 'Strongly Agreed' with the statement 'Overall, I am happy with the quality of care my relative/friend receives at this home' and one respondent 'Agreed' with this statement.

Further comments included:

'My mum is in the late stages of Alzheimer's and she is looked after very well from nurses and carers and they keep me up to date with any changes in her health, can't ask for anything more'.

'I understand that dementia training is ongoing for staff. I believe this will enhance the already wonderful care and understanding that staff give to those suffering from this disease'.

'Although I am happy with most aspects of the care he receives there are some things which could be improved. Although there is a picture of the keyworker in his room, we have never been introduced to her and I don't really know what she does. Unless we ask specific questions, we are never really told anything or kept up to date'.

One relative 'Strongly Disagreed' and 'Disagreed' with a number of the statements in the questionnaire. We contacted this relative for further information and were pleased to hear that since they had completed the questionnaire they had met with the new manager whom they felt had listened to them and had made improvement to the quality of care provided to their loved one. The relative told us that they felt that there were issues with staffing levels as staff did not have the time to provide the level of care required. They also felt that carers were not well-trained in some aspects of care delivery. They told us that they had lost some confidence in the service but hoped that this would be re-established through the improvements they hoped to see in the quality of care provided to their loved one.

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

### Previous requirements

#### Requirement 1

The provider must ensure that clear protocols are in place detailing how care is delivered to individuals who experience stressed and distressed reactions. These protocols must be specific to the needs of each individual and staff must have knowledge of the protocols and implement them consistently.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: with immediate effect.

**This requirement was made on 31 August 2016.**

#### Action taken on previous requirement

We examined care files for individuals who we were informed experienced stress and distress, particularly when delivering personal care. We found that there were no specific protocols in place to instruct and direct staff on how best to support individual service users at these times. We also found that care plans did not provide detailed information regarding individuals' care needs or specific details regarding how their stress and distressed was presented. They lacked clear direction to staff on how individual care needs should be met.

**Not met**

### Requirement 2

The provider must ensure there is an induction procedure which clearly outlines the key areas of training to be completed and within what timescale. This should include, but is not restricted to, adult support and protection, moving and handling, fire safety, health and safety, infection control, safe handling of food and dementia. There should be evidence that the individual had achieved an acceptable level of competency in this training. The induction training should also include monitored practice with confirmation that the individual meets the standards of practice required by their role.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: with immediate effect.

**This requirement was made on 31 August 2016.**

#### Action taken on previous requirement

The provider had made progress towards meeting this requirement. The induction training process had been reviewed and now stated the training topics and the timescales that these should be completed. An e-learning resource was used to deliver the majority of this training. Staff had to complete an online assessment of their knowledge before being deemed competent in each subject. An electronic record of the individual's performance was maintained and a certificate could be generated. However, we found that the paper tracking system for induction and orientation was not always being completed. We also found that there had been no observations of practice included in the reviewed induction training process. We discussed our findings with the manager and the good progress made and made some suggestions on how the designated 'mentor' could include their views on the competency and approach of individuals when carrying out practical tasks.

**Not met**

### Requirement 3

The provider must ensure that notifications are made to the Care inspectorate as detailed in the Guidance Document 'Records you must keep (except childminders) and Notifications you must make, (Care Inspectorate 2015)'. Notifications must be made within the timescales stated in this document and in the guidance provided in each notification form.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for implementation: with immediate effect.

**This requirement was made on 31 August 2016.**

### Action taken on previous requirement

We found that appropriate notifications were now being made to the Care Inspectorate and other agencies where required.

**Met - within timescales**

## Requirement 4

The provider must ensure that the manager completes training provided by North Ayrshire Council on the protection of vulnerable adults and the required reporting process.

This is in order to comply with: SSI 2011/210 (b) - ensure that persons employed in the provision of the care service receive:

- (i) training appropriate to the work they are to perform; and
- (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

Timescale for implementation: within one month of the publication of this report.

**This requirement was made on 31 August 2016.**

### Action taken on previous requirement

The manager had attended this training. A training certificate had been provided to evidence completion.

**Met - within timescales**

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

## Previous recommendations

### Recommendation 1

The provider should continue to develop communication care plans to clearly detail the verbal and non verbal ways that residents choose to express their views and preferences and how they can be supported to comment on the wider elements of the service.

National Care Standards for care homes for older people - Standard 11: Expressing your views.

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

The service had introduced a new care planning model. However, we still found that communication care plans, specifically for those with no verbal or limited verbal communication, were generally poor. The manager was aware that this remained an area requiring further improvement. The full implementation of the new assessment and care planning model may assist in this matter.

This recommendation was not met.

**Recommendation 2**

The provider should promote and develop the role of keyworker within this service.

National Care Standards for care homes for older people - Standard 7: Moving in and Standard 11: Expressing your views.

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

Although a key worker policy was in place which outlined the role of the keyworker there was limited guidance regarding the links to be made with a named relative or next of kin. We were told by one family during the inspection, who were frequent visitors to the service, that they had never had any contact made directly from the keyworker and apart from a photograph in their loved one's room they had no other knowledge of the keyworker. One relative told us in a returned questionnaire that 'Although there is a picture of the keyworker in his room, we have never been introduced to her and I don't really know what she does' and a service user and their relative told the volunteer inspector that the keyworker was 'constantly changing'. The manager told us that there would have to be further changes made to the keyworker system to reflect the changes to the staff team and redeployment of staff to different units but it is hoped that better stability achieved in the coming months.

**This recommendation was not met.**

**Recommendation 3**

The provider should monitor the frequency of review meetings to ensure that they are taking place six monthly or sooner as required. In addition, the service should look at how they support people to prepare for review meetings, and develop the format of meetings to enable more meaningful feedback to be gathered.

National Care Standards for care homes for older people - Standard 11: Expressing your views.

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

We examine review records and the review tracker being used to assist in scheduling and managing six monthly service user care reviews and continued to find that these were not always taking place at the frequency required. The manager informed us that she was aware that not all reviews were up to date and had been trying to address the issue.

**This recommendation was not met.**

**Recommendation 4**

The provider should review how the service responds to people with dementia who are experiencing stress or distress and ensure that staff have the required knowledge and skills to meet people's needs.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

We continued to observe interactions between staff and service users which, although we could see were kind and caring, there remained inconsistencies in the approach of staff and their response to service users with dementia and those who were experiencing stress or distress. We could see from records that there was a very high number of incidents relating to stressed and distressed reactions. There were no clear strategies used to manage these situations or ease individual's distress. Behaviour monitoring records (ABC charts) were completed but these were not used to inform management strategies or care plans. There was no overview or assessment of events of these records to consider if incidents could be reduced by reviewing staffing levels or deployment at particular times or in specific areas.

**This recommendation was not met.**

## Recommendation 5

The provider should continue to improve the mealtime experience for residents on both floors.

National Care Standards for care homes for older people - Standard 13: Eating well.

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

We observed a meal time experience in both units. The volunteer inspector, who had observed the mealtime experience in the dining room in the Ardeer Unit at the last inspection, made observations at this inspection and reported that good improvements had been achieved. She found there was a much calmer atmosphere and that staff were assisting service users as required. We observed the dining experience in Ardeer Unit on the second day of the inspection and found that there was a good staff presence in the dining room and that service users were being assisted as required. However, we found that one member of staff was trying to support five service users in the lounge. The member of staff was unable to provide the support required by each individual and had to interrupt support she was providing to intervene to prevent incidents from occurring and ensure the safety of others in the room. We were told that there was always only one member of staff in the lounge to support those who required, or chose, to have their meals in the lounge. There was poor staff deployment at this time.

This recommendation was not met.

## Recommendation 6

The provider should ensure that personal plans clearly detail individual needs and preferences and how these are to be met.

National Care Standards for care homes for older people - Standard 6: Support arrangements.

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

The service was in the process of changing the model of care planning and assessments. We could see that some were in the new format. However, they appeared to have been completed in a hurry with poor or limited information. A large percentage of the care plans remained in the older format. These were held in ring binder

files which were very disorganised and very difficult to navigate or track information easily. Being able to access clear and accurate information is essential especially when agency nursing staff were used. There continued to be examples where individuals' care needs had changed or required interventions had changed, some of which were identified within the monthly evaluation process, but care plans were not updated to reflect these changes.

This recommendation was not met.

### Recommendation 7

The provider should identify and address unpleasant odours permeating in areas of the home.

National Care Standards for care homes for older people - Standard 4: Your environment.

**This recommendation was made on 11 August 2016.**

#### Action taken on previous recommendation

We were still aware of unpleasant odours in the service, particularly at the entrance to the service and in the lounge of Ardeer Unit.

This recommendation was not met

### Recommendation 8

The provider should continue to support staff to develop the knowledge and skills detailed in the Promoting Excellence Framework and show what difference this had made to the lives of people with dementia that they support and care for.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 11 August 2016.**

#### Action taken on previous recommendation

No progress had been made to provide dementia training to skilled and enhanced levels which were linked to the learning outcomes detailed in the Promoting Excellence Framework. The previous manager had discussed with us at the last inspection how this training would be delivered and the timescales for completion. Unfortunately, this had not taken place. The provision of appropriate training to provide staff with the skills required to support people with dementia, particularly when there is a designated 'dementia unit', is crucial to ensure the best care and desired outcomes for people living with dementia. The manager made contact with a potential source to deliver this training before the end of this inspection we look forward to seeing progress in this area in the next inspection.

### Recommendation 9

The manager should:

- Review the care home menu to ensure it provides a well-balanced diet which has been nutritionally accredited as being suitable for a care home for older people.
- Source further training for catering staff regarding the preparation of textured modified diets.

National Care Standards for care homes for older people - Standard 15: Eating well.

**This recommendation was made on 11 August 2016.**

## Action taken on previous recommendation

This recommendation was made following a complaint investigated and upheld by the Care Inspectorate.

We confirmed in the last inspection that the cooks had completed appropriate training. However, the manager had been in the process of reviewing menus to reflect the views and preferences of service users before arranging for the menus to be nutritionally assessed and accredited. We found that the views of service users had now been taken into account to ensure the menus reflected their tastes and preferences. However, these had not been nutritionally assessed or accredited. The manager informed us that she had tried various sources to have this done but without success. The manager informed us that the guidance document: Eating Well, Supporting Older People and Older People with Dementia (Caroline Walker 2011) was used when compiling the new menus. We asked that in the absence of any nutritional assessment or accreditation by an appropriate professional that the service prepares a statement outlining how the principles in the guidance document had been followed to develop the new menus and give examples from the menu of where these have been taken into account.

One element of this recommendation remains unmet.

## Recommendation 10

The provider should make improvements to the way that funds held on behalf of service users are managed. To do this they should ensure:

- service users have access to their money out with office hours
- service users' funds are held in an interest bearing account
- service users with significant funds have them managed in a way which is in the service users best interest and that these arrangements are regularly reviewed.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements and Standard 8: Making choices.

**This recommendation was made on 11 August 2016.**

## Action taken on previous recommendation

A float has been made available to ensure that service users have access to funds out with office hours. The manager informed us that the company was in the process of changing the bank account to an interest bearing account. Any change in bank account must take into consideration the best interests of those service users where considerable sums are held by the organisation on their behalf and that these arrangements are regularly reviewed.

This recommendation was not met.

## Recommendation 11

The provider should ensure that the air quality of the smoking room is frequently monitored and evidenced to ensure there is no risk to non-smokers who may choose to use it as a library or alternative sitting area.

National Care Standards for care homes for older people - Standard 4: Your environment.

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

This room has been reinstated as a smoke room only.

This recommendation is met

**Recommendation 12**

The provider should review the current cleaning and domestic arrangements to ensure the cleanliness and presentation of the home is not compromised, particularly in the late afternoon and into the evening.

National Care Standards for care homes for older people - Standard 4: Your environment.

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

The service had increased the cleaning hours since the last inspection and introduced a cleaner on to the rota later in the day. We found that the presentation of the care home had improved. However, as previously stated, there were still some issues in specific areas with unpleasant odours.

This recommendation is met

**Recommendation 13**

The provider should evidence checks with the Scottish Social Services Council (SSSC) and Nursing and Midwifery Council (NMC) as part of the recruitment process.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

In discussion with the manager, we were informed that checks with the Nursing and Midwifery Council (NMC) were routinely carried out as part of the recruitment process but this did not apply to The Scottish Social Services Council (SSSC).

This recommendation was not met.

**Recommendation 14**

The service should have a training plan which reflected the aims and objectives of the service and the needs of service users. This training plan should also include details of how the provider will support staff to achieve the qualifications required to register with the Scottish Social Services Council (SSSC).

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 11 August 2016.**

**Action taken on previous recommendation**

The manager had compiled a training schedule. However, this did not reflect the training needs of staff or reflect the aims and objectives of the service. We discussed with the manager how a more comprehensive training plan could be developed.

This recommendation was not met.

## Recommendation 15

The provider should be able to easily access individual staff training records in order to inform staff development and the supervision and appraisal system.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

As stated in the last inspection, staff had access to training relevant to their role via the provider's e-learning resource. However, the current online systems used to record staff training was still not easily accessible in order to inform staff development and the supervision and appraisal system. The manager was unable to access an overview of the training completed by staff and easily find those who had training outstanding. Staff were unable to print off certificates at the end of their on line assessment to confirm that they had completed the training and had attained the required competences.

This recommendation was not met.

## Recommendation 16

The provider should ensure staff have a knowledge and understanding of the use of restraint and the providers' policy in the use of restraint.

National Care Standards for care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 11 August 2016.**

### Action taken on previous recommendation

Staff were unaware of the different methods of potential restraint used in the service such as bedrails, lap straps, etc., and how some methods of restraint were used after careful risk assessment as a legitimate risk reduction measure to keep service users safe. The service also had a very high percentage of incidents of stressed and distressed reactions from service users which had resulted in service users and/or staff being physically harmed resulting in minor injuries. We saw from records that on many occasions staff needed to divert service users' attention to defuse situations or physically lead a distressed service user to another area if other service users could not be moved. Staff require training in the use of restraint and in safe methods of diversion, defusing, and interventions.

This recommendation was not met

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
11 Aug 2016	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 4 - Good
4 Feb 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
9 Jul 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
27 Oct 2014	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 4 - Good
19 May 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
31 Oct 2013	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 4 - Good
18 Apr 2013	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate

Date	Type	Gradings	
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Oct 2012	Unannounced	Care and support	2 - Weak
		Environment	1 - Unsatisfactory
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
4 May 2012	Unannounced	Care and support	3 - Adequate
		Environment	1 - Unsatisfactory
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

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