

# Almond View Care Home Care Home Service

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Glasgow  
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**Type of inspection:**

Unannounced

**Completed on:**

6 June 2018

**Service provided by:**

Tower Bridge Homes Care Limited

**Service provider number:**

SP2011011671

**Service no:**

CS2011300204

## About the service

Almond View Care Home provides accommodation and nursing care for up to 78 older people. During the inspection the service had 67 residents.

The building consists of two floors with the ground floor providing accommodation for 38 people and the top floor providing accommodation for 40 people. All bedrooms are provided on a single basis with en-suite toilet and wash hand basin. Shared bathing/shower facilities are available. Communal lounges and dining rooms are also available on both floors. Garden space is located at the rear of the home and a courtyard is also available. The home is located in Drumchapel, Glasgow and is near to local transport and amenities.

The service is managed by Tower Bridges Homes Care Limited and one of their objectives is: "To be committed to continuous improvement of the service by involving residents, taking forward their suggestions and views."

## What people told us

Residents and their relatives, we had contact with, were happy with the quality of care received and in particular we received positive comments about the staff and certain aspects of the environment that made a difference to the quality of their lives:

'The food is good and I get my hair done every week at the hairdressers in the home.'

'Staff are brilliant, they take a personal interest and keep us up to date.'

'My relative has been really happy here as have the family, first couple of weeks were tough but level of care and friendliness from staff is plain for all to see. In the recent evacuation we were kept up to date and thought the staff were outstanding.'

'The staff can't do enough for my relative, make them feel special and they call this place home.'

'Can have my lunch in my room and the café within the home is great for meeting up with relatives out with the "care home environment"'

## Self assessment

The service was not currently required to submit a self assessment but we viewed and discussed the manager's development plan.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

## What the service does well

People told us that they were supported by staff who knew them. We received positive feedback from the majority of residents and relatives about living in the home and how staff treated them. We saw overall positive interactions between staff and residents and this created a friendly and relaxed atmosphere within the home.

People told us that they were kept up to date and knew who to speak to if they had any complaints or concerns. Those who had raised any issues told us that these had been addressed by the nurse or manager.

How people spend their day is important in maintaining people's wellbeing and we saw some residents enjoying taking part in spontaneous group activities within lounge and dining areas. We saw residents and their relatives enjoying music provided by an entertainer in the enclosed patio area, which was colourfully decorated and furnished with comfortable seating areas. Some residents chose to spend time in quieter areas of the home or in their own bedrooms. People spoken with were extremely positive about the café within the home where snacks were provided by one of the two activity co-ordinators twice a week. The home also had access to a minibus every three weeks for planned outings.

People should be sure that their health needs are well supported. We saw that residents' health needs were reviewed on a regular basis by a range of healthcare professionals who visited the home. One relative told us that their relative was 'well-cared for and perfectly safe in this care home' and we saw that the home had various monitoring systems in place to ensure that any issues were highlighted and relevant referrals made to health professionals such as GP, falls team and dietician.

In relation to keeping people safe, we saw that the home's emergency contingency plan had been reviewed and updated following a recent incident where residents had to be evacuated from the home. We discussed with management about updating the evacuation codes for all residents.

People should expect to have confidence in the staff who care and support them. We saw that the home had a training schedule which reflected planned training for staff to attend and staff spoken with felt that they had the training they needed to do their job.

Training records showed that there was an overall high compliance with staff training and the manager's development plan identified four priority areas in relation to dementia care which included enhancing staff skills and knowledge.

We also discussed with management about their planned support for care staff to achieve relevant qualifications for their Scottish Social Service Council (SSSC) registrations.

## What the service could do better

Although we saw some residents being meaningfully engaged in activities, this was not evident for all residents. Some residents said they did not join in with the group activities as they found them 'too noisy' and most residents spoken with did not know what activities were available when. The home used a 'Look it's me' document to reflect people's histories and personal interests but it was not clear how this information was used to ensure people were offered activities meaningful to them.

It was evident that some residents were supported by a befriender or family members to go out of the home on a regular basis but we found that having access to a minibus one week out of three may limit this for other residents. We were also aware that the café was very popular with residents and relatives and suggested that the provision of snacks could be more often than twice a week **(see Recommendation 1)**.

Care records should give clear direction about how to deliver each person's care and support as well as details of personal interests and preferences. While the care documentation that we viewed was found to be overall well completed, the recording throughout needed to be more person-centred and outcome focused. This also related to care review meetings where there was no reflection of what could improve residents' lives or discussions about the use of available finances. New documentation, 'A day in the life' was being introduced to provide an overview of people's needs and how these would be met **(see Recommendation 2)**.

People living in the home should be supported to be safe and although we saw that the home had accident monitoring systems we found that risk assessment and care planning documentation did not always reflect what falls prevention measures were in place. We would also expect that these measures would be evaluated to ensure that the desired outcome had been achieved and if not what other measures could be used **(see Recommendation 3)**.

The home should provide residents with a high quality environment that meets their needs. We found that not all the communal bathroom areas were in use and that some areas had unpleasant odours due to lack of suitable ventilation vents or extraction fans. We highlighted these to management who agreed to review and address these issues.

The home should have a culture of continuous improvement with robust quality assurance processes. We saw that some of the audits undertaken within the home highlighted areas for improvement but it was not always evident how these were being addressed or if there had been any improvement in outcomes for residents **(see Recommendation 4)**.

We also discussed with management the lack of awareness their staff had in relation to the new Health and Social care standards and the use of SSSC open badges to help staff learn about these and use them in their day to day work.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 4

1. In order that people spend their day doing what they enjoy and want to do, the manager should ensure that:
  - staff use resident information to deliver relevant and meaningful activities for individuals living in the home, in a group or one to one
  - residents are aware of what is planned for each day

- residents' ability to go out of the home is not limited to once every three weeks
- the café is used to its maximum potential.

This ensures 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 take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21) and 'I can maintain and develop interests, activities and what matters to me in a way that I like' (HSCS 2.22).

2. In order to ensure that people receive care and support which is personal to them, the manager should ensure that care records reflect a person-centred and outcome focused approach.

This ensures care and support is consistent with the Health and Social Care Standards, which state that '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); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

3. In order that people living in the home are supported to be safe, the manager should ensure that:

- risk assessment and care planning documentation reflect any preventative measures following an accident or incident
- preventative measures are evaluated to ensure that the desired outcome has been achieved and if not what other measures could be used.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

4. In order to ensure that the quality of the service improves outcomes for residents, the manager should involve residents, relatives and staff in their quality assurance processes and clearly demonstrate how outcomes for people have improved as a result.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6)

## 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).

## Inspection and grading history

Date	Type	Gradings
22 Jan 2018	Re-grade	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed 4 - Good Not assessed
18 Dec 2017	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
7 Jun 2017	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 3 - Adequate Not assessed
24 Aug 2016	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed Not assessed 5 - Very good
10 Sep 2015	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good 5 - Very good 4 - Good 4 - Good
13 Aug 2014	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good 5 - Very good 4 - Good 5 - Very good
10 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed 4 - Good 4 - Good Not assessed

Date	Type	Gradings	
19 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
11 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed 3 - Adequate
28 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 3 - Adequate Not assessed
24 May 2012	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 2 - Weak Not assessed
8 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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