

Almond View Care Home Care Home Service

5 Drumchapel Place
Drumchapel Road
Glasgow
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Telephone: 0141 944 8893

Type of inspection:

Unannounced

Completed on:

4 December 2019

Service provided by:

Tower Bridge Homes Care Limited

Service provider number:

SP2011011671

Service no:

CS2011300204

About the service

Almond View Care Home provides a care service for up to 78 older people. During the inspection the service had 77 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 Bridge 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

People we spoke with were mostly positive about the care and support their loved one received, there were however some concerns noted which management were aware of and had taken steps to alleviate concerns.

Comments included:

"Most of the staff are very pleasant with great personalities. I am very happy most of the time with the care."

"Staff and management have made mum very welcome to her new environment. Staff are very attentive and extremely friendly."

"There needs to be more varied activities, particularly at the weekends."

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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 found that people living in the home were treated with warmth, dignity and respect. This was evident in the interactions we saw between staff and people living in the home. People appeared happy and well kempt with ladies wearing their jewellery and nails polished. People told us that they were happy in the home. Testimony from relatives told us that there was good communication between them and the service. They told us they would receive a call when it was their relative's "day", updating them in all aspects of their care, ensuring they were continually involved in the care of their relative.

We found a few activities taking place during our inspection. These activities had been planned by the activities co-ordinators using information from care plans, of people's likes and hobbies. We saw people taking part in singing, skittles and baking. The home had good intergenerational care taking place with nursery children coming in and spending time with people, keeping memories alive and minds active. We discussed how the home could capture evidence and feedback from people living in the home, of activities they have taken part in, ensuring activities meet people's needs and wishes. This would also ensure that people's feedback informed future activities.

We saw evidence that people and their families were involved in meetings about how to improve the service, giving suggestions about outings and picking colours for redecoration of the home. At the previous inspection we suggested that the home look at other ways to involve people in the quality assurance process and improving outcomes for people living in the home, we have repeated this area for improvement. (See area for improvement 1).

We sampled a few care plans and found that there were assessments in place to inform practice. Wound management appeared well managed with appropriate recoding in place. The service worked well with external professionals such as care home liaison nurse and G.P. to ensure that people's health and wellbeing was being maintained.

We reviewed people's medication and found that it was appropriately managed, with as required protocols present in the one folder. We discussed the need for these protocols to identify nonpharmacological approaches to support people through stress and distress behaviours. We also discussed the use of body maps to ensure that staff were aware of where previous pain relief patches had been placed to prevent any negative outcomes for people when managing their pain and skin integrity.

We reviewed people's nutrition and hydration and found this to be appropriately recorded, however catering staff were unaware of the new (International Dysphagia Diet Standardisation Initiative) IDDSI. Catering and care staff need to be aware of this in order to ensure that people's nutritional needs are being appropriately assessed and maintained.

Overall, we concluded that the level of care and support that people who use the service received was good.

Areas for improvement

1. To ensure that the quality of the service improves outcomes for people living in the home, the manager should involve them and their 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)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

Care plans that we sampled, guided staff on how to assist people to improve their life or support their independence. We observed people experience positive outcomes, with good interactions with each other and staff. We found the standard of care planning and recording was good however we discussed the potential impact for people using the service if what they wanted to achieve was not outcome focused. This could mean that they might not achieve what they set out to do.

Care plans should reflect what the person wanted to achieve and should be at the forefront of the care plan. We had previously recommended this be improved at the last inspection and recognise that the service is working towards a new care plan. We have therefore repeated this area for improvement. (See area for improvement 1).

We could see that people were involved in the review of their care plan with reviews taking place on a regular basis; however, the paperwork was not outcomes focused; it was task orientated. We suggested the paperwork could be adapted and improved so that it captures people's goals, progress on identified outcomes and inform future care.

We found that risk assessments were in place that identified potential risk for people however there were inconsistencies in identifying precautionary measures which was found to be the case at the previous inspection and have therefore repeated this area for improvement. (See area for improvement 2).

Overall we concluded that care and support planned was good.

Areas for improvement

1. In order to ensure that people receive care and support which is personal to them, the manager should ensure that care plans 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).

2. 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).

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

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).

This area for improvement was made on 24 July 2018.

Action taken since then

Activity co-ordinator has list of activities that people enjoy, taken from care plan. An activity board is displayed for people so that they can see what is planned.

The home has a shared minibus that assists people to get out and about.

Café is being used.

Area for improvement met.

Previous area for improvement 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).

This area for improvement was made on 24 July 2018.

Action taken since then

We were unable to see evidence that care plans were outcome focused although we recognise that the service is working to improve their plans.

Area for improvement has been repeated.

Previous area for improvement 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).

This area for improvement was made on 24 July 2018.

Action taken since then

We found some inconsistencies with preventative measures and therefore have repeated Area for improvement.

Previous area for improvement 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)

This area for improvement was made on 24 July 2018.

Action taken since then

We were unable to find evidence to support that this had been met and have repeated Area for improvement.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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