

Strathview Care Home Care Home Service

Carswell Wynd
Auchtermuchty
Cupar
KY14 7FG

Telephone: 01337 827 480

Type of inspection:

Unannounced

Completed on:

25 September 2018

Service provided by:

Caring Homes Healthcare Group Limited

Service provider number:

SP2013012090

Service no:

CS2013318123

About the service

Strathview Care Home provides 24-hour care for a maximum of 25 older people. The home is a purpose built, ground level property situated in the rural village of Auchtermuchty. All rooms are single occupancy, 24 rooms have ensuite shower and toilet facilities, and one room has an ensuite toilet.

There are pleasant areas to sit in around the home and grounds. The home enjoys attractive views across open farmland towards the Lomond Hills. There is adequate on-site parking for visitors and good access to the village centre and social resources.

The service aims and objectives record: "Our aim is to provide high quality care that will, together with a day-to-day programme of agreed meaningful activity, enable residents to maximise their independence, pursue personal development, meet their religious needs and to ensure that individual requests are met as much as possible in a shared living environment."

What people told us

We distributed 16 questionnaires prior to the inspection and received 12 completed questionnaires from residents and relatives. The residents/relatives strongly agreed/agreed with the statement that overall they were happy with the quality of care and support provided to them. We also spoke informally with a number of residents, relatives/visitors.

This inspection also benefitted from support from our Inspection Volunteer Scheme which allowed us more opportunities to gather views about the service. People who spoke with our inspection volunteer were positive, reflecting a good level of satisfaction with all aspects of the service. Staff and management were held in high regard.

Comments from returned questionnaires, residents and relatives spoken with included:

"During the summer holidays I did not feel safe due to lack of staff."

"I enjoy taking part in the musical/singing/dancing activities."

"The staff are quick to report any changes regarding my parent. They are quick to inform me of nurse/GP involvement and treatment prescribed. My parent is cared for kindly and professionally."

"The staff couldn't be nicer and helpful. They keep us up to date with everything. The home itself could do with an injection of being made a little more homely."

"The care home is never clean when I visit."

"I feel that the home lacks activities to involve and stimulate residents."

"Staff are all very pleasant."

"The manager is very approachable."

"My care is fine, I go off to bed when I want. The food is lovely."

"The staff are very good, they look after me well."

"We go out for walks in the garden and trips in the minibus."

During the inspection we used the SOFI 2 which stands for Short Observational Framework for Inspection. This tool helps us to capture the experience of people using the service who may not be able to express their views for themselves. We observed staff to support people with dignity, at a relaxed pace and generally to encourage independence.

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 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?

3 - Adequate

People experienced a good standard of care and support. Staff were held in high regard and we could see they were motivated to provide care that suited people's routines and choices.

It is important that staff across the home treat residents with compassion, dignity and respect. From our observations of staff we noted them to be respectful and had a genuine interest in caring for people. Residents and relatives spoke positively about all the staff and how good they were when caring for them.

The way people spend their day should promote feelings of purposefulness and wellbeing. A new activities organiser has recently been recruited and we heard lots of good feedback around the range of activities for people to choose from. This included an improvement in the range of in-house activities including dominoes, exercise groups and visiting entertainers. This enhanced people's feelings of wellbeing.

Residents could be confident that senior staff had an overview of their health care needs and consulted with relevant health care professionals including the podiatrist, GP and dietician, as needed. We found that generally they were supported to receive their prescribed medications. However, we evidenced a number of missing entries in the Medication Administration Recording Sheets (MARs). Although medication training had been carried out, staff were still not adhering to best practice guidance. This had been subject to a requirement at the previous inspection which remains outstanding. The manager acknowledged this was not good practice and agreed to address immediately. A requirement 1 is made.

It is important for residents to enjoy a healthy and balanced diet and have access to plenty of drinks throughout the day. We found that the dining room was presented nicely and that residents could choose whether to have meals there or in their own bedroom. Residents told us that the food was good and that they enjoyed it. We also heard that there were plenty of choices available.

Residents who experience stress and distress should expect that measures are put in place to reduce this for them, and support them through any periods when this may occur. Time spent with people living here confirmed that they felt safe and secure without being overprotected. Distress was managed effectively, resulting in a relaxed atmosphere and without discriminating against someone with obvious cognitive impairment. A climate of inclusion was also evident at meal times and group activities. We could see where the home was linking with the Care Home Liaison Mental Health Team for support to help address this.

We found that management had an overview of key areas including weights, falls and skin integrity.

During discussions with both residents and relatives they said the care home was in need of redecoration, some of the carpets were also seen to be heavily stained and in need of replacement. The double glazing unit in one of the windows had blown and this meant the resident's view was obscured. They all felt redecoration, getting new carpets and the window repaired would not only improve the overall quality of their home but also improve their general wellbeing. The manager did not disagree with our findings. A requirement 2 is made.

Requirements

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

- Administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that; "If I need help with my medication, I am able to have as much control as possible." (HSCS 2.23) and SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: To be completed by 8 October 2018.

2. In order to ensure that people are protected and can experience a high quality environment the provider must produce an action plan to demonstrate;

That a full internal assessment and audit of the interior of the home has been carried out; and an action plan developed detailing what will be done to address windows, décor and floor coverings. This should be shared with the Care Inspectorate.

This is to ensure care and support is consistent with Health and Social Care Standards which state that; "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22) and SSI 2011/210 Regulation 10(2)(d)

Timescale: To commence on receipt of this report and be completed by 29 October 2018.

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

Residents should be confident that their care plans give clear direction on how to deliver their support and that they are reviewed and updated, when there are any changes in their health or circumstances. We sampled plans and found the level of detail to be of a good standard. Staff also knew the residents' care needs very well.

Residents' care plans and reviews were very focused on the health needs for people and, although some parts were very individual to that person, other parts were very generic.

We discussed at feedback the fact that with the introduction of the new Health and Social Care Standards, which are very human rights based and about promoting individualised care and support, a review of care planning would assist with this.

Overall, risk assessments to assess residents' care needs were carried out regularly and then used to inform the care plan. The service carried out regular reviews with residents and their relatives however, it would be good practice to maintain a detailed minute of the meeting and people's views (see area for improvement).

Areas for improvement

1. Care reviews should be developed to include a minute of the views of people living in the home alongside their relatives, or welfare appointee. Professionals also involved in their care should also be consulted. This is to ensure care and support is consistent with Health and Social Care Standards which state that; "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, or independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

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

Requirements

Requirement 1

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

- Administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration.

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,
SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

This requirement was made on 24 October 2017.

Action taken on previous requirement

We continued to find missing entries on the medication administration records.

Not met

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

Staff must ensure they return all personal toiletries to residents' bedrooms.

Reference: National Care Standards; care homes for older people; standard 16 private life

This area for improvement was made on 24 October 2017.

Action taken since then

We did not find any personal toiletries or belongings left behind in any communal areas of the care home.

This recommendation has been met.

Previous area for improvement 2

The maintenance department should ensure the cracked glass within one of the fire doors is replaced.

Reference: National Care Standards; care homes for older people; standard 4 your environment

This area for improvement was made on 24 October 2017.

Action taken since then

The glass within the fire door had been replaced.

This recommendation has been met.

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	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
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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