

Strathview Care Home Care Home Service

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Unannounced

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Service provided by:
ARIA HEALTHCARE GROUP LTD

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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 only. 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 local community. At the time of our inspection there were 24 people living there.

About the inspection

This was an unannounced inspection which took place over 27 and 28 April 2023. The inspection was conducted by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine people using the service and six of their family members
- spoke with six staff, plus management team
- spoke with three visiting professionals
- observed practice and daily life
- reviewed documents

Key messages

People were cared for by staff that knew them well.

Management was effective, visible, and approachable.

People and their families told us they felt valued, and their views respected.

Staff were motivated and worked well together.

Activities for people living with dementia needed to be developed.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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 evaluated this key question as good as the strengths outweighed areas for improvement.

During our inspection we observed kind and respectful interactions between staff and people living there. Staff knew people well and people were responding positively to the staff engagement. Comments included, 'staff are great, so friendly' and 'we have a laugh together.' Families echoed this view with stating, 'they know her well' and 'care is exceptional.' We felt confident that people were being treated with dignity and respect.

People were supported to remain connected to those that were important to them. Families reported that they felt welcomed in the home and that staff were approachable. 'You can pop in at any time.' Some people had their own telephones to stay connected as well as staff supporting with communication via methods such as video calls. There were regular contacts with the nursery children as well as the local church. The management were keen to further develop such links, increasing engagement. Working in this way helps people remain connected with their wider community.

The dining experience was relaxed, with fresh home cooked meals provided. People told us they enjoyed the meals, 'love the fish and chips.' People were offered choice and we saw staff supporting people discreetly and respectfully during the mealtimes. Catering staff were all appropriately trained and were aware of people's specific dietary needs and preferences. We felt confident that people's nutritional needs were being met, supporting their physical health and wellbeing.

People's support plans were detailed and regularly reviewed. People and their families told us they were involved in this process with their preferences and needs documented. We saw evidence of timely referrals to health services and there were good lines of communication with a health professional stating, 'staff are motivated, and communication is good.' Families commented on staff having a good overview of their relatives health, 'they are very quick to contact the GP if concerned'. People were being supported to live well within their existing health conditions.

Medication was well managed with people receiving their medication as prescribed. There were protocols in place for as required medication, but these did not always have sufficient detail to direct staff. In particular medication protocols for people with stress and distress required developing. We made an area for improvement in relation to this (see Area for Improvement 1).

There were regular resident and relative meetings which enabled information to be shared. Everyone we spoke to told us the management team were approachable and supportive, 'there is always an open door.' There was a service improvement plan in place which would benefit from greater involvement from people and their relatives. Utilising their existing resident and relatives' meetings would help achieve this. Working in this way supports people's autonomy and independence.

There were opportunities for people to be involved in a number of activities throughout the day. We saw people enjoying dancing and participating in quizzes during our inspection as well as evidence of entertainment and trips to the local community. For people living with dementia there was evidence of less engagement, and we made an area for improvement in relation to meaningful activities for people with a cognitive impairment, (see Area for Improvement 2).

Areas for improvement

1. To support people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that detailed 'as required' medication protocols are in place. In particular people experiencing stress and distress should have protocols which detail how staff are to support the person prior to the medication being administered. This information should also be recorded in their support plans.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

2. In order that people experience good outcomes and quality of life, the provider should:

a) ensure people are supported to spend their time in ways that are meaningful and purposeful for them.

b) assess people's level of engagement and understanding to enable staff to support people living with a cognitive impairment to have access to activities that are appropriate to their need.

Reference made to the Pool Activity Level (PAL) strengths based assessment tool.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

How good is our leadership?

4 - Good

We evaluated this key question as good as the identified strengths outweighed areas for improvement.

For the purpose of this key question, we focused on quality assurance. Quality assurance are checks that make sure any issues are identified, and action taken to make improvements.

Staff did not start work until all the necessary pre-employment checks were carried out. Staff received an induction and reported that it had been effective, increasing their confidence when starting the job. Seniors were involved in mentoring and worked across the different shifts. This had resulted in improved consistency and communication across the whole staff team. This supports positive outcomes for people's overall health and wellbeing.

There were a number of robust audit systems in place with evidence of good management oversight. Management had an overview of areas such as falls, weight loss, medication, and people's finances. They reported that the recent changes to some of their systems had improved quality assurance and enabling them to identify areas for further improvement. Working in this way reduces the risk of future harm for people.

People and their relatives reported management as being approachable and effective. Families told us that they felt they could discuss any issues, and these would be dealt with appropriately. Comments included, 'they will always take the time with you' and 'communication is good.' People felt their views were valued.

How good is our staff team?

4 - Good

We evaluated this key question as good as there were a number of strengths that supported positive outcomes for people.

Management had an overview of staff training needs and we saw evidence of a high uptake of the training available. Supporting staff to develop their knowledge and skills helps them to provide good quality care and support positive outcomes for people.

Staff had access to a range of training which they told us they valued, comments included, 'the dementia training is really good, helped me understand dementia more' and 'management support you with the training.' Staff demonstrated an understanding of the importance of keeping people safe and all felt confident in raising any issues directly with the management team. Working in this way helps reduce the risk of future harm to people.

Management conducted direct observations of practice which were used to support staff development. We recommended increasing documenting direct observations to further inform areas of practice that could be improved. This would help identify any specific training needs for an individual staff member and supports continual staff team development.

Staff received regular supervision and participated in staff meetings. We discussed including more reflective practice during supervision which the provider agreed with. Working in this way helps support staff's overall development. We observed staff who were motivated and engaged with the people they were caring for. Staff demonstrated an understanding of a person's needs and were able to provide support specific to the individual. Staff comments included, 'it is a great place to work' and 'I feel really valued working here' demonstrated the high staff morale. Supporting and developing your staff team is an important aspect of being able to provide meaningful care to people.

How good is our setting?

4 - Good

We evaluated the quality of facilities and concluded that this was good as there were a number of important strengths which, taken together, outweigh the areas for improvement.

The environment was fresh and clean throughout and we saw evidence throughout the day of the staff routinely cleaning well used surfaces. There were systems in place to ensure regular monitoring and maintenance was being carried out. This helps to reduce the risk of infection, reducing the risk of people coming to harm.

People's bedrooms were personalised and of a good standard. There had been recent improvements made to the en-suite bathrooms, with new flooring now in place. People had a choice of different communal areas, but these were not always being fully utilised. In particular the small lounge that had direct access to the garden area was seldom used and the management team were exploring ways to optimise its use. This would allow people to spend time in smaller social settings if they wished this.

Developing the well tended outside area to include some covered seating or summer house type structure would increase people's opportunities to be outside more should they wish. Access to fresh air and outdoor spaces can support people's physical and mental health.

The corridors were due to be redecorated in the coming year and we directed the service to good practice guidance such as the Care Homes for Adults Design Guide in relation to improving the environment for people living with dementia. Areas such as improving signage throughout the home would help support people's independence.

How well is our care and support planned?

4 - Good

We evaluated this key question as good as we found significant strengths that supported positive outcomes for people.

People had detailed support plans in place which were regularly reviewed and updated. Care plans held appropriate details of family and legal guardians. The plans were person centred and documented how a person liked their care to be delivered. Families and people living there reported that they were involved in the support planning and reviews. Comments included, 'communication is good,' 'they really know my relative well' and 'they asked lots of questions about her, wanted to see her as a real person.' The care plan contained sufficient detail to support staff in delivering person centred care.

Some support plans required greater detail relating to end of life care. Documenting a person's wishes as to how they want their care to be delivered is important. We made an area for improvement relating to this, (see Area for Improvement 3).

Areas for improvement

1. To support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 1.5).

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

Requirements

Requirement 1

1. 1. By 17th October 2022, the provider, in order to protect the health, welfare and safety of those who use the service, must ensure, as a minimum:

- a) all catering staff are suitably trained to meet people's nutritional needs
- b) good practice guidance is in place
- c) care plans accurately reflect people's nutritional needs
- d) care plans are reviewed regularly and updated as needed
- e) ensure timely referrals are made in relation to people's health needs

This is in order to comply with Regulation 4(1)(a) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as my 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)

This requirement was made on 15 August 2023.

Action taken on previous requirement

At our follow up inspection on 26 October 2022 we found that the provider had partly met the requirement in relation to people's nutritional needs. Some catering staff had accessed training in relation to people's dietary needs, but not all necessary staff had completed this. The provider had made arrangements for training to be available for relevant staff.

We saw evidence of people's care plans and risk assessments being updated to reflect people's nutritional needs. However, they did not consistently reflect people's current needs, even with regular reviews taking place. Improved quality assurance processes were required to ensure the care plans had the appropriate information to inform the individual's care.

There was good practice guidance in place and evidence of appropriate health referrals been actioned.

We extended the time frame for the requirement to 12 December 2022.

At the time of this inspection all necessary staff had received the appropriate training to support a person's dietary needs.

Care plans and risk assessments had been updated and reflected people's needs. These were being regularly reviewed. We saw improved quality assurance processes now in place.

Met - outwith timescales

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

To ensure positive outcomes for people who use this service the provider should; following an assessment to be carried out by an appropriate healthcare professional. Be able to demonstrate how they are supporting the named resident by promoting more movement.

Reference is also made to the Care About Physical Activity programme (CAPA) www.capa.scot

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: 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.

This area for improvement was made on 5 October 2022.

Action taken since then

This area for improvement was made following an upheld complaint. A total of four area for improvements resulted from this complaint.

Specific to the person that the complaint related to the care plan detailed how the person would be supported to remain physically active within the limitations of their health conditions.

During our inspection we saw evidence of daily activities, including ones that involved physical movement.

There was a dedicated activities person as well as a designated member of staff on each day shift who's role was to instigate activities such as armchair exercises or dancing.

The service was committed to continuing to develop their meaningful activities for the people living there.

This area for improvement was met.

Previous area for improvement 2

To ensure positive outcomes for people who use this service the provider should;

- (a) Ensure that personal care documentation and records are accurate, sufficiently detailed and reflect the care/support planned or provided.
- (b) Introduce the good practice self-assessment resource – managing falls and fractures in care homes for older people to record relevant information to support and guide staff practice.

(c) Be able to show evidence of regular on-going monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities and can demonstrate this through their practice.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 5 October 2022.

Action taken since then

- a) We looked at a number of care plans during our inspection and they contained detailed information that would inform and direct staff when delivering care.
- b) the good practice guidance was in place.
- c) Care plans were being regularly reviewed and there was evidence of timely referrals being made to other professionals as necessary. Staff were receiving regular training and supervision as well as direct observations of their practice.

This area for improvement is met.

Previous area for improvement 3

To ensure positive outcomes for people who use this service the provider should; following an assessment to be carried out by an appropriate healthcare professional. Be able to demonstrate how they are supporting the named resident with appropriate seating to promote good postural care.

This is to ensure care and support is consistent with Health and Social Care Standard 5.21: I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.

This area for improvement was made on 5 October 2022.

Action taken since then

We saw evidence of appropriate healthcare professionals carrying out assessments relating to postural needs.

A number of residents had specialist seating to support these needs.

People were being supported and encouraged to be involved in physical movement throughout the day, supporting positive health benefits.

This area for improvement was met.

Previous area for improvement 4

To ensure positive outcomes for people who use this service the provider should further develop robust systems to improve lines of communication to enable person centred decision making. To achieve this:

- (a) Staff must be able to demonstrate through their practice a clear understanding of their role and responsibilities to ensure all parties are kept fully informed.
- (b) Ensure documentation is accurate and sufficiently detailed to be able to demonstrate that people are enabled, empowered and their choices are respected.
- (c) Staff must be able to demonstrate through their practice that they have a clear understanding of the role of the Power of Attorney.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

This area for improvement was made on 5 October 2022.

Action taken since then

As detailed under area for improvement 2 care plans held relevant detailed information to guide their care.

- a) Staff had good communication with families and there was evidence of people being kept informed. Relatives told us that communication was good.
- b) Care plans were detailed and individual to the person's needs and wishes.
- c) Staff we spoke to were aware of the role of the Power of Attorney. Staff received regular access to training which included areas such as safeguarding which helped inform their practice.

This area for improvement was met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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