

Kingsacre Care Home Care Home Service

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Hardgate
Clydebank
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Type of inspection:
Unannounced

Completed on:
19 June 2023

Service provided by:
Care Concern Group - Kingsacre

Service provider number:
SP2019013287

Service no:
CS2019373856

About the service

Kingsacre (Luxury Suites) Care Home is registered to provide care to 66 older people. The service registered with the Care Inspectorate in 2019. The provider is Kingsacre Care Limited, which is part of the Care Concern Group.

The care home is in the Hardgate area of Clydebank in West Dunbartonshire. The care home is not directly accessible by public transport and is in an elevated position. There are four units within the building. The building is on two levels. Each unit has generous lounge areas. On the ground floor, there is a cinema and a large reception area. There are spacious gardens surrounding the service.

About the inspection

This was a full inspection which took place on 13 and 15 June 2023. The inspection was carried out by two inspectors 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 10 people using the service and six of their family members;
- spoke with nine staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- The home has very good facilities and is welcoming and homely.
- People are supported to participate in a wide range of activities.
- People are treated with dignity and respect.
- Some improvements are required in the recording of care plans and daily charts.

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?	5 - Very Good
How well is our care and support planned?	3 - Adequate

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 area as good as there were a number of important strengths in how the service supported people's wellbeing. Some improvements were required to ensure that people consistently had experiences and outcomes which were as positive as possible.

People experienced care and support with compassion because there were warm, encouraging relationships between staff and people who lived within the care home. People who needed additional support were seen to be assisted in a nurturing and relaxed manner. People were consulted on their views on living in the care home and their views were acted on. People had a choice over how they wished to structure their day and what they wished to participate in. The majority of staff had worked in the home for a long time and knew people well and understood their choices and preferences. This meant that people experienced compassion, dignity and respect in their day-to-day lives within the home.

The following comments were made by people and their relatives:

"I was apprehensive at first but I love it here. They go at my pace, very nice, staff very good, feel lucky. I'm well looked after."

"People are nice, nice clean room, nice outlook, carers nice, can't fault them."

"Staff very supportive. Nothing to complain about."

"Should be held up as an example of how to run a home."

People were supported to participate in activities that they selected and feedback was sought on how much they enjoyed the activities. People were encouraged to participate in activities that were mentally and physically stimulating and promoted good health. Knowledge of people's level of mobility, sensory issues and level of capacity were taken into account when planning activities. Visiting times were flexible and we saw people enjoying visits in the various communal spaces indoors and outdoors as well as in the privacy of their bedrooms. Community participation was promoted and we saw that trips had been arranged to the cinema, shops, country parks and art exhibitions, to name a few. People were being offered the opportunity to learn a new language and this was well attended. This meant that people were being supported to get the most out of life.

People's health needs were discussed at various meetings, which meant that there was regular monitoring of people's health and wellbeing. People had good access to equipment to support them to be as independent as possible with their personal care and their mobility. Organised activities had clear links to health promotion, balanced diets were supported and there was evidence of smoking cessation being encouraged. People had easy access to the alarm call system within the home. External professionals had good links with the home.

The medication system was generally good but we found that some charts didn't have recordings of the outcomes of the use of 'as required' medications. We also found that some medication charts didn't record people's medical conditions. The home is moving to an electronic system for recording medication usage and effectiveness which should improve staff recordings. We have made the recording of the medical

conditions and the effectiveness of 'as required' medication an area for improvement (see area for improvement 1).

We found omissions in some people's food and fluid charts and we found that some staff were not recording activities of daily living in the proper format. We found that some documents had been filed in the wrong sections or in the wrong folders. This meant that people could not be assured of responsive care and support because staff were not always accurately recording information and it was not always in the right place. We have made this an area for improvement (see area for improvement 2).

Areas for improvement

1. The provider should ensure that people's medical conditions are noted in their care plans and that the effectiveness of 'as required' medications are recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and 'Any treatment or intervention that I experience is safe and effective (HSCS 1.24).

2. Food and fluid charts, as well as recordings of daily activities and personal care support, should be completed thoroughly, in the correct format and filed in the correct place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

How good is our leadership?

4 - Good

We evaluated this key area as good as we found a number of important strengths which, taken together, had a significant positive impact on people's experiences and outcomes.

The management team conducted audits of people's experiences within the home. People's views were sought and actions were taken by the management team to improve people's experiences based on their feedback, for example, in relation to activities and to menu planning.

Audits of staff recordings were carried out by the management team and the audits had identified issues with staff recordings in care plans and in daily charts. Work was being undertaken to improve staff recordings.

The service improvement plan outlines areas for development. There was good information in this plan which had identified what actions were required to improve staff practice. The home was moving to a new electronic recording system later in the year, which would prompt staff to record more thoroughly and would support better care delivery.

When things did go wrong, there was evidence that these incidents were investigated by the management team and lessons were learned from these experiences. We found examples where resulting risk assessments and management plans could have been clearer and more detailed. This meant that opportunities to minimise further incidents were not always taken full advantage of.

There was sufficient staffing capacity within the home to support improvement activities. The only exception was the deployment of only one nurse during dayshift. There is a plan in place, however, for a further post to be created and this should be of benefit to people and to care staff.

How good is our staff team?

4 - Good

We evaluated this key area as good as we found there were a number of important strengths within the staff team.

We found that staff morale was generally good and staff told us that they liked working in the home. This was supported by the fact that a number of staff had worked in the home for a number of years. The home had used considerably less agency staff recently as a result of the increased stability in the team and this had contributed to better outcomes for people as they were supported by staff who know them well.

Staff numbers were good and staff told us that they had enough time to support people and to spend time interacting with people. This was evident in the relaxed, unhurried atmosphere that we witnessed during our visit.

There was a good induction process in place for staff and there was good participation in training activities. Further work is required to improve staff recordings in daily charts and in care plans and associated documents.

How good is our setting?

5 - Very Good

We evaluated this key area as very good as the environment had major strengths in supporting outcomes for people.

The care home was modern and had a very high standard of facilities including a comfortable cinema room, a private dining room, balconies, various lounges, a library and ample outdoor space.

People's bedrooms were personalised and homely and people had access to TV's, radios, books and magazines, as per their preferences. Bedrooms had big, easy read clocks with the day and the date displayed. Rooms had name plates displayed outside and we saw a name plate on display that had been the name plate from the person's previous front door, which was a nice, personal touch.

Family members were welcomed and were encouraged to use the indoor and outdoor spaces. Children were welcomed and were encouraged to feel at home.

How well is our care and support planned?

3 - Adequate

We evaluated this key area as adequate as we found some strengths. but these just outweighed weaknesses. Improvements were needed to be made to address practice which was not contributing to positive experiences and outcomes for people.

The staff team were working on improving the quality of care plans as they lacked sufficient information about people's needs and wishes regarding how staff should support them. Some assessments were not dated or signed. People's hobbies and interests were often not recorded. Details, such as the person's date of admission, were absent, as was information about when people last had dental or eye examinations. Checklists for moving in were only partly completed and follow up actions not completed. Details, such as required medication support, were sparse and lacked detail. New assessments which had been completed were a better standard; however, this was a work in progress. We made an area for improvement around care plan recording (see area for improvement 1).

Monthly reviews were not detailed. Some were not recorded at all. They needed more information, for example, about people's current health and wellbeing, their participation in activities and whether they had had any accidents. We made an area for improvement around the recording of reviews (see area for improvement 2).

Areas for improvement

1. The provider should ensure that care plans and related documents are completed thoroughly.

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 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).

2. The provider should ensure that regular reviews of people's support are undertaken and are recorded in detail.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14); 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

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	5 - Very 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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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