

Larkfield View Care Centre Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 March 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379124

About the service

Larkfield View Care Centre is a care home that provides care for up to 90 people in Greenock, Inverclyde. The provider is the Holmes Care Group Scotland Ltd. The care home is purpose-built with accommodation over three floors and divided into four units.

Bedrooms are all single with ensuite facilities including showers. Each unit has dining rooms, lounges, and adapted bathrooms. There are other rooms and areas, such as a hairdressing salon and an enclosed garden space that residents can use.

There were 90 people living in the home at the time of the inspection.

About the inspection

This was a second follow-up inspection, assessing progress towards meeting requirements made during the first inspection of this inspection year, in April 2023. An initial following up inspection in November 2023 found one requirement and two areas for improvement had not been met.

The inspection was unannounced and took place on the 12 and 13 of March 2024. 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 five people who live in the service and eight relatives
- spoke with 11 members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with or wrote to five external professionals.

Key messages

- Quality assurance processes had continued to improve.
- Use of paper plans rather than electronic plans made work harder for staff.
- Relatives we spoke with were very happy with the care and attention provided.
- Stress and distress training should be rolled out to promote staff development.

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

Requirements

Requirement 1

By 5 March 2024, the provider must ensure that each person's personal plan and daily recording reflects their current individual care and support needs. Personal plans must reflect individual choices and wishes, consider people's views and provide a clear plan to meet outcomes. Care plans, daily records, assessments, and quality assurance audits should be reviewed and completed. In particular you must ensure:

- a) consistency in overall content, model and format used for care planning,
- b) care and support plans accurately reflect the assessed need of people experiencing care,
- c) supplementary charts are completed,
- d) regular review of risk assessments,
- e) daily notes are completed by the staff delivering the care, these should include what people have been doing throughout the day including personal and clinical care.

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

This is to comply with Regulation 5 (1) and (2) (a) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 12 April 2024.

Action taken on previous requirement

The provider had supported the service by creating and distributing care planning guidance, this gave staff a consistent format to work through, when planning care. The service had provided templates for families to complete to gather background information on people, to help personalise the care plans. The more personalised care plans are, the easier it is for staff to understand what is important to people, and meet their needs as a result.

Staff carried out monthly updates on the health and well being of the people living in the service. These were supported by the supplementary records for specific care issues being monitored. This information was pulled together to review the assessed risks for people living in the home. Care staff were assigned people to support at the start of each shift. They then became accountable for recording any important information about the people they were allocated including how they spent their day and any clinical issues related to them. Records we saw were well maintained and had been kept up to date.

Met - within 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

People experiencing care should have confidence in the organisation providing their care and support. The provider should:

Ensure that when improvements are identified they are clearly prioritised and structured so that there is clarity over what action will be taken, when and by whom. It should also be clear how the service will measure the outcomes of any action taken.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This area for improvement was made on 12 April 2023.

Action taken since then

The service had created an improvement plan which prioritised areas for improvement. Since the last inspection this has been maintained and developed and it is now easier to follow.

The service had several audits which monitored the progress of the improvement plan which was good practice. Improvement plans assigned responsibility for different areas of improvement to different staff, giving staff accountability for ensuring expected actions were taken. Outcomes from actions will be identified at the regular care reviews held in the service.

This area for improvement was met.

Previous area for improvement 2

People experiencing care should have responsive support from the right number of staff with the correct skills and qualifications. The provider should:

- a) review the current dependency tool,
- b) analyse current staffing, skills, and qualifications,

- c) explore models of staffing to deliver nurse cover over 24 hours,
- d) evidence planned and regular staff supervision,
- e) ensure staff are registered at the correct level with their professional body,
- f) maintain a staffing plan for recruitment, short and long-term absences,
- g) analysis of up-to-date records of all relevant staff training and competencies.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14); "My needs are met by the right number of people." (HSCS 3.15).

This area for improvement was made on 12 April 2023.

Action taken since then

The service had reviewed their dependency tool. They chose to adopt the provider's own dependency tool. This looked robust because it allocated a time to each task staff had to support someone with. This in turn calculated how many staff were required. We did not have any concerns about the level of staff on duty, neither did the relatives we spoke with.

The provider had reviewed the current skill mix and qualifications among their staff, as a result the provider had created champions for different areas, for these staff to support other staff, for example with care planning and infection prevention and control.

The provider at the last inspection had, following exploration, decided against changing the 24 hour nurse cover model it has operated for a long time, this view had not changed.

Supervisions had been restarted on a planned programme from February 2024, we saw a reasonable proportion of staff had already had their first supervision.

The provider had a plan for recruitment and recruited regularly to ensure that they were not short staffed.

The service was able to evidence staff were registered with a relevant professional body and at the appropriate level. Records for training and competency assessments had also been maintained.

This area for improvement was met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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