

Almond Court Care Home Care Home Service

15 Drumchapel Place
Drumchapel
Glasgow
G15 6DN

Telephone: 01419 446 889

Type of inspection:
Unannounced

Completed on:
25 January 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379123

About the service

Almond Court Care Home is registered with the Care Inspectorate to provide a service to 42 people in a purpose-built building in the Drumchapel area of Glasgow. The provider is Holmes Care Group Scotland Ltd. At the time of this inspection there were 38 residents living in Almond Court.

The home is situated in a residential area close to transport links and local amenities. There is a small car park to the front of the building and enclosed gardens to the rear.

The service is provided over two levels, each of the single bedrooms have en suite facilities. There are communal lounges and dining rooms within each floor. A variety of communal rooms and bar are available for residents' use.

About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 January 2024. The inspection was carried out by two inspectors from the Care Inspectorate. This inspection took place simultaneous to an unannounced inspection to follow up on the requirements from a complaint that was upheld by the Care Inspectorate. This was carried out by two inspectors from the Care Inspectorate's complaints team on 23 January 2024. The findings from which are included in this report.

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 19 people using the service and 11 of their relatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Staff were kind and caring in their interactions with people.
- Staff were responsive to people's health needs.
- There were a range of activities on offer to promote social interaction and physical and emotional wellbeing.
- Improvements had been made to the mealtime experience.
- Quality monitoring and assurance systems had improved with further time needed to review the effectiveness some newer systems.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - 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 question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People responded positively to the kind and caring interactions of staff supporting them. It was evident that staff knew residents well, this was demonstrated through the sensitive approaches by staff we observed, that helped people feel safe, reassured and comforted.

Staff engaged naturally whilst providing support with activities, encouraging people to take part, promoting inclusion. We saw that the activities on offer provided opportunity for social stimulation and movement. In addition to a structured timetable of activities, targeted one-to-one support was provided, ensuring that everyone had opportunity for daily engagement and more focused support for stimulation was provided at least at one point each week.

The purchase of a trishaw, through funds raised by the service, was an asset that gave people the opportunity to experience the outdoors differently. Entertainers were a regular feature in the activity diary and during our inspection visit we saw the entertainment that had been arranged for the Burns day celebration. Relatives were also invited to these events. Support was also available to support peoples spiritual needs and there were opportunities for intergenerational work.

Since our last inspection, activity staff had been recruited at the service, helping to address what had previously been a gap in meeting peoples social and recreational needs. We were pleased to conclude that an area for improvement made at the previous inspection, relating to activities, had been met.

We sampled medication management and could see that this was well organised. Where 'as required' medication was prescribed, the outcome of any medication given was recorded. This helped ensure that the the treatment people received was effective and right for them.

We saw that a system had been introduced to identify clinical risks. This meant that effective interventions could be quickly implemented, as necessary where risks were identified. We acknowledged that there were no residents with wounds at the time of our visit. This was testament to the support that people received, for instance ensuring regular positional changes for people who required this support, through the diligence of staff supporting people with hydration and observations by staff of any skin changes noted during personal care.

The service was well supported by a GP and other visiting health professionals. This meant that additional health support and guidance was accessible when required. We saw evidence of referrals for further support, including referrals to the dietician via the care home liaison nurse.

There were systems in place to communicate any changes in people's health and handover documentation provided good information for staff.

There had been improvements to the mealtime experience following a complaint to the Care Inspectorate that we investigated and upheld. For further details see information in the section 'Outstanding requirements'.

During our visit the meal experience was observed to be well managed and people appeared to enjoy the meals offered. Visual choices helping people decide what they wanted to eat. Further consideration is needed to ensure that there is enough food available for people who wish to have another portion. On one of the days we were there, some people didn't get what they had ordered and the desert option had run out in one of the units. An alternative was however offered. The manager agreed to follow this up.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We noted that improvements had been made to the systems in place to manage quality and ensure people could experience the service they expected. This included systems to monitor health needs and risks, monitor staff practice and development and systems to identify improvement priorities. Some more recently introduced systems need a further period of time to evaluate their effectiveness, although we could see their potential strengths.

At the time of this inspection an environmental improvement plan had been developed, identifying improvements needed to enhance the quality of the living environment. Some actions had already been completed with a planned schedule of work due to commence.

A service improvement plan was in place and this was aligned to the quality framework for care homes for adults and older people, developed by the Care Inspectorate to support self assessment and improvements. This meant that the service improvement plan took account of human rights when identifying improvements.

We saw that there were systems in place to ensure management and senior management oversight. This helped promote accountability and the monitoring of progress in key areas.

We identified that systems could be improved to more robustly ensure that the information in care files was accurate and up-to-date and identify any staff learning and development needs. We have discussed our findings in more detail in the section 'How well is our care and support planned'. We have reworded an area for improvement made at the last inspection to take account of improvements made. (See area for improvement 1)

Significant improvements had been made following an upheld complaint to the Care Inspectorate about the quality and choice of food. We concluded that sufficient action had been taken to meet the requirements made following our complaint investigation. However, to ensure that there is continuous improvement and people's dietary needs and preferences are met, we have made this an area for improvement. (See area for improvement 2)

Since our complaints investigation, a 'Come dine with me' monthly activity had been introduced. This was an opportunity for residents and their relatives to have an intimate dining experience, catered for by the service. This was also an opportunity for relatives to comment on the quality of food being provided, and demonstrated to us that lessons learned had helped drive further improvements and was an indication of the providers ongoing capacity and desire to improve.

We saw that the manager had an open door policy and relatives spoke highly of the manager who they described as accessible and approachable.

Areas for improvement

1. To ensure that quality assurance systems drive improvements and support good outcomes for people experiencing care, the manager should continue to review the effectiveness of current systems as well as continuing to develop systems to meet the needs of people experiencing care.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To assure that people experiencing care's nutritional needs and dietary preferences are consistently met, the provider should ensure that open, honest and transparent communication takes place between staff members and between staff and people experiencing care's representatives. This should also include, but is not limited to, supporting kitchen staff to devise a system that ensures that sufficient amounts of food is prepared for the people receiving care that they cater for.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We spoke with staff who were confident in their role and had a good understanding of the needs of people they were supporting. This helped ensure people received consistent care to facilitate positive outcomes.

Training records sampled, indicated that staff had completed some Dementia training modules. However, further progression to achieve completion had been limited since the last inspection. It is vital that staff working predominantly with people living with dementia have the opportunity to realise their full learning potential, and this is necessary to be able to work competently with people and maximise positive outcomes. Despite this, we observed that staff were skilled at engaging with people, providing reassurance as needed and responding with sensitivity, patience and compassion.

Overall training compliance rates in other key areas were high. This contributed to staff obtaining the knowledge and skills they needed to be effective and competent in their role. We saw that medication competencies had been carried out helping ensure that staff continued to practice safely.

People living at the home and their relatives were generally positive about the quality of care provided by staff and spoke about the regular communication they had with the home. This included monthly contact as part of 'resident of the day'. 'A consistent staff team and all very approachable' was a comment made by one relative.

There was good staff retention at the service, indicating staff commitment. Staff we spoke with said that they were happy and well supported in their role.

How good is our setting?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was clean and bright and the temperature was ambient during our visit.

We saw that some environmental improvements had taken place since the last inspection, with further work scheduled. It was anticipated that this work would be completed in the coming months, with careful planning to minimise disruption.

Improvements planned took into consideration the needs of people living with dementia to ensure that the environment was dementia-friendly and improve people's experience of their environment.

Additional security doors had been installed to minimise the risks to residents who may seek to leave unaccompanied.

Communal spaces were well used. We saw that dining rooms were welcoming with visual cues to support people living with Dementia. Additional tables and chairs had been provided in the lounges to enhance the dining experience and posture of people who preferred to have their meals there.

Bedrooms were bright and personalised with familiar photographs and belongings. Each bedroom had an ensuite shower room, promoting people's dignity and privacy.

Residents had access to an enclosed garden, however the garden furniture was in need of attention and the garden itself needed work to make it more usable throughout the year. We acknowledge the challenges of completing this work during times of inclement weather.

A small bar provided an additional space for activities to take place and could be booked by relatives for special occasions. This meant that residents need not only enjoy visits in their bedrooms.

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We sampled care plans. We found these contained information about the support people needed, to achieve positive outcomes in areas including, personal care, eating and drinking and support to manage stress and distress. It was refreshing to see that care notes were in a typed format, meaning that where there were changes to people's care, the care plan could easily be updated.

It was indicated, by a staff signature, that care plans were being reviewed each month, however there was no detail of what exactly was being reviewed. Therefore it was not possible to ascertain if this review process was effective, and we saw care plans that did not indicate where additional measures were in place to support people who were at risk of malnutrition. This meant that care plans for those people were not up to date. Notwithstanding that it was evident that staff were taking the necessary action where risk was indicated. Whilst we did not identify harm as a result of omission, we suggested that there could be the potential for this. (See area for improvement 1)

We saw that there was at least monthly contact with family members by the home, to provide an update on residents. This took place as part of 'resident of the day.' There was also evidence that family were contacted where there had been health concerns or incidents. However, from our sampling we noted that the latter was not always taking place consistently. During this visit additional monitoring measures were introduced to reduce the likelihood of relatives not being contacted following incidents or accidents.

Although there were no current wounds at the time of our visit, we looked at previous wound management charts. We suggested that the manager ensure that staff consistently complete these to indicate where no further treatment is needed, as this could not be determined from records that were incomplete.

We saw that people's preferred rising and retiring to bed times had been added to care plans, this had been in response to previous concerns that people's wishes had not been taken into account. However, in some care plans the detail of when people preferred to go to bed was missing and should be added.

We looked at weight management and nutritional monitoring records and identified occasions where scores had not been correctly calculated to indicate peoples level of risk of malnutrition. There were also occasions where people's weight had been queried, but not followed up to confirm, meaning that the data was not always reliable.

We were pleased to hear that the review template was being looked at with a view to improve it. Information in current document needed to be more outcome focused to evidence that people's aspirations were being achieved. The provider should also identify if further training is needed to support staff facilitating reviews and completing review minutes.

Areas for improvement

1. To ensure that people receive responsive care and support that meets their needs, staff should ensure that care records are accurate, up-to-date, sufficiently detailed and reflect the care planned or provided. This should include, but not limited to information about nutritional needs and the support required.

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and '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).

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

Requirements

Requirement 1

By 6 October 2023, the provider must ensure that they provide suitably presented, healthy, nutritional meals and snacks to meet the needs and preferences of people experiencing care. To do this, the provider must, at a minimum, ensure:

- A variety of nutritional meals are prepared and are available at both lunch and dinner times.
- A suitable amount of food is prepared to meet the needs of the numbers catered for.
- Food available on the alternative menu is freshly prepared and offers a nutritional option.
- People experiencing care on soft modified diets are awarded choice of what they eat to complement their food preferences in line with good practice guidance.
- Appropriate equipment must be used to support people to eat and enjoy their meals.
- Risk assessments are in place for the people receiving care who have food allergies and modified diets.
- Management maintain oversight of the dining experience and the food provided for people experiencing care to ensure their health and wellbeing.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 23 August 2023.

Action taken on previous requirement

We saw that progress had been made to meet this requirement that was made following an upheld complaint made to the Care Inspectorate.

The service had taken proactive action to seek advice and guidance from external healthcare professionals around the new food menus provided. This resulted in an improvement in the variety and nutritional value of food being offered and served to people experiencing care.

The service had also undertaken a full review of the food likes and dislikes of people experiencing care. This was to ensure that all food tastes and preferences were being accommodated.

We observed warm meals available at both lunch and dinner time with an improved alternative menu, offering better variety and more freshly made food options.

Nutritional risk assessments had been updated and more food choices were on offer for people on soft modified diets.

During our visit, appropriate equipment was in use during mealtimes. This included heated and contrasting coloured plates for those who ate more slowly and were more advanced in their Dementia journey.

However, from both staff feedback obtained and our own observations, further progress is still required around the quantity of food prepared for the number of people being catered for within the service.

Further progress is also required with communication between staff members and between staff and people experiencing care's representatives. This is needed to ensure that the nutritional needs and preferences of people experiencing care are consistently being met.

Following discussions with the management team, we concluded that whilst there were some outstanding elements of the requirement still to fully address, there had been sufficient progress to be able to say that the requirement had been met.

Management need to maintain oversight to ensure that further progress is made to improve internal communication. Management also need to maintain oversight to identify a suitable process in ensuring that the right quantity of food is being prepared to meet the needs of those catered for. This will be an area for improvement.

See area for improvement 2 in the section 'How good is our leadership'.

Met - within timescales

Requirement 2

By 6 October 2023, the provider must ensure that kitchen staff have the right skills, knowledge, and competence to effectively undertake their role. To do this, the provider must, at a minimum, ensure:

- Kitchen staff have sound knowledge and competence in the delivery of varied dietary preferences.
- Kitchen staff have sound knowledge of food sensitive diets and the risks associated with this.
- Kitchen staff are trained in, and have, sound knowledge and understanding of dysphagia and the risks associated with this to ensure that people experiencing care receive appropriately textured food.
- Kitchen staff label specially modified plates to ensure that people experiencing care receive the correct meal.
- Management maintain oversight of the skill, knowledge and competence of kitchen staff.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'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).

This is in order to comply with:

Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 23 August 2023.

Action taken on previous requirement

This requirement was made following an upheld complaint to the Care Inspectorate. Since our last complaint visit, kitchen staff have now received further appropriate training in the elements identified within the

requirement.

During our visit, we observed a calmer dining experience. Food service was also much improved. Modified food plates presented were labelled, which meant that the right person received the right meal.

Similar to requirement one, further improvement is needed with communication between staff members and kitchen staff, and between staff and people experiencing care's representatives. This is to ensure that people experiencing care's nutritional needs and preferences are consistently being met.

Following discussions with the management team, we concluded that whilst there were some outstanding element of the requirement still to fully address, there had been sufficient progress to be able to say that the requirement had been met.

Management need to maintain oversight to ensure that further progress is made to improve internal communication. Management also need to support the kitchen staff to identify a suitable process in ensuring that the right quantity of food is being prepared to meet the needs of those catered for.

See area for improvement 2 in the section 'How good is our leadership'.

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

To support people's health and wellbeing, the manager should identify and address the factors that may be contributing to sleep disturbance. This should include, but is not limited to, reviewing the support people receive in relation to personal care overnight and ensuring that people are sufficiently stimulated during the day.

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

'My care and support meets my needs and is right for me' (HSCS1.19).

This area for improvement was made on 12 January 2023.

Action taken since then

We noted that people were being supported in accordance with their preferences in regard to retiring and rising times with these having been identified and recorded in peoples care plans.

There were very few residents now up and dressed early in the morning, providing reassurance that there had been a shift in culture and previous practices. The manager had worked closely with staff to reduce

unnecessary disturbances and promote sleep. Activities during the day had improved with activity staff having been recruited. This meant people were more stimulated, engaged and less bored.

This area for improvement has been met.

Previous area for improvement 2

To support meaningful engagement and stimulation the manager should ensure that activities are a planned part of everyone's daily care. This should include, but not limited to, promoting a culture where all staff see this as an important part of their role and better deployment of staff to improve opportunities for engagement.

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

'People have time to support and care for me and speak with me' (HSCS3.15) and 'My care and support meets my needs and is right for me' (HSCS1.19).

This area for improvement was made on 12 January 2023.

Action taken since then

We saw documented evidence of staff engagement with residents on a daily basis and targeted support on a weekly basis. Activities were being facilitated by both care and activity staff, and staff we spoke with were clear about their role in promoting activity.

This area for improvement has been met.

Previous area for improvement 3

The manager should implement more effective governance and quality assurance measures to ensure that these drive improvements and support good outcomes for people receiving care.

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

'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 January 2023.

Action taken since then

We acknowledged that progress had been made in this area. Audits that had provided limited improvements had been discontinued. The service improvement plan in place identified improvement priorities and was linked to the 'quality framework for care homes for adults and older people'. An environmental improvement plan had been developed as well as a clinical risk register improving management oversight. It was too early to evaluate the effectiveness of newer systems. Therefore, we will repeat this area for improvement, rewording it to take account of the progress made.

This area for improvement has not been met and will continue.

Previous area for improvement 4

To ensure that people receive responsive care and support that meets their needs, staff should ensure that documentation and records are accurate, up-to-date, sufficiently detailed and reflect the care planned or

provided. This should include, but not limited to, information about personal care preferences, measures to promote sleep and meaningful activities.

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and '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).

This area for improvement was made on 12 January 2023.

Action taken since then

We noted that there was more detail in care plans about peoples preferences with personal care and rising from and retiring to bed. We did, however, find that care plans did not always reflect where people had been identified as at risk of malnutrition and any additional support indicated from risk assessments carried out. We will repeat and reword this area for improvement to take account of the progress made.

This area for improvement has not been met and will continue.

Previous area for improvement 5

People who are experiencing care in the home and where appropriate their families and representatives should be fully consulted as to their routines and preferences as to when they wish to have a bath or shower. Staff should be clear as to when it is appropriate to support someone with a bath or shower during the night or within early hours. This should always be done in a person-centred manner.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I am fully involved in developing and reviewing my personal plan, which is always available to me (HSCS2.17).

This area for improvement was made on 11 January 2022.

Action taken since then

We saw from care plans sampled that family members had been consulted about peoples routines and preferences in regards to personal care. Whilst staff supported people in accordance with those wishes, we were advised that there were occasions when this was not possible because people had declined the support offered. We suggested that staff ensure they evidence this on those occasions and manager review this. This will help identify areas where needs are not being met and where changes to people's care plans are needed.

This area for improvement has been met.

Previous area for improvement 6

Staff should be provided with training and knowledge in best practice when promoting and supporting rest and sleep for people who are experiencing care.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'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).

This area for improvement was made on 11 January 2022.

Action taken since then

It was evident that staff were supporting people to achieve positive outcomes in relation to rest and sleep. This included people being more stimulated throughout the day, helping promote sleep overnight. Ambient temperature and appropriate noise levels helped people to feel relaxed and rested through the day and overnight. Overnight routines had changed and it was noted that residents were remaining in bed longer if this was their preference.

Improvements had also resulted following the completion of Sleep Study Scotland training by staff, including a review of environmental factors inhibiting sleep, resulting in changes to lighting to help promote sleep.

This area for improvement has been 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	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.