

Deanfield Care Home Care Home Service

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Penilee
Glasgow
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Telephone: 0141 883 4050

Type of inspection: Unannounced
Inspection completed on: 22 May 2017

Service provided by:
BUPA Care Homes (Carrick) Limited

Service provider number:
SP2003002353

Care service number:
CS2003010447

About the service

Deanfield Care Home is registered to provide care and support to 50 older people of which 25 places are designated for people who have dementia. The service provider is BUPA Care Homes (Carrick) Limited. The home consists of two floors accessed by stairs or lift and has an attractive garden to the rear of the building. The ground floor unit is called Kilbride Unit and has 25 places for older people who have dementia. There is a dining room and two lounge areas. There was also a relaxation room. The upstairs unit is called Montrose Unit and has 25 places for older people. There is a dining room, two lounge areas and a multipurpose room which can be used by residents, relatives and staff.

The service aims are to: "provide an excellent standard of accommodation and care which gives a feeling of homeliness whilst maintaining privacy, safety, dignity, equality and diversity. It also aims to ensure the residents' rights to be seen as a whole person, to realise their potential and maintain their independence."

What people told us

People were complimentary about the care and support they received and in particular about how caring and kind the manager and staff were.

People said:

"It's excellent."

"... by and large, they do very well with what they've got"

"... give 110%. Feels like it's a family"

"... can't fault anything, they're angels. Awful good in here"

"... staff lovely, good laugh, happy enough here"

"I am able to sleep at night and my friend's quality of life has been enhanced by the care and commitment the staff show to my friend and myself when I visit. I thank them everyday and will forever be in their debt."

Self assessment

Providers are no longer asked to complete this.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We saw that people living in the care home were generally relaxed and comfortable. Good relationships had been formed between them, their relatives and staff and we saw lots of examples of friendly and caring engagement between people.

There was a weekly activities programme and information about these was on display in each unit. An entertainer was in singing during our visit and several people were enjoying this with some people dancing and singing along with staff. We also saw a staff member playing the guitar and having a sing-along with people one morning in one of the lounges. Some people also enjoyed sitting in the garden in the sunshine. People were also enjoying pampering sessions from visiting therapists.

Although activities were taking place, several people we met spent a lot of time sitting or sleeping in the one place and it was hard to see that everyone had the right support during each day to be involved in meaningful and purposeful activities. The activities person was very enthusiastic and hardworking however, all staff were committed to spending more time with people and it was important that more opportunities were available for each person and that all staff also had the opportunity to spend more time with people. We have made a recommendation about this. Please see recommendation 1.

People could choose where they ate their meals. We saw people enjoying their meal in lounges or their bedroom as well as the main dining rooms. Staff were generally attentive to people's needs, for example, we saw some staff sitting with people to help them eat and drink. Staff also identified when people were at risk of weight loss and they added cream to soup, for example, when extra calories were needed.

We found, however, that more attention was needed to make sure that everyone had a similar experience. More attention was needed in the dementia unit. Several people in the dementia unit needed staff help during mealtimes and this was not always available. This meant that not everyone had the right help at the right time and as a result some people did not eat their meal. It was important, for example, that staff were able to stay and help someone eat their meal instead of needing to leave them at times to help other people. When we looked at food and fluid charts, they did not always show that people had had enough to eat and drink during the day.

The variety and quality of the food also needed consideration. Although we saw some people enjoying their meals, not everyone enjoyed the food on offer, for example, the square sausage in gravy which was served at lunchtime. We felt that the sandwiches served could be improved by adding salad, for example. Crisps were served with sandwiches on the second day of inspection and not the first day and it would be good if this was more consistent. We have made a recommendation about this. Please see recommendation 2.

We saw some good, clear information in some care plans which showed that people's needs and wishes were identified. Referrals were also made, for example, to health care professionals when this was needed and we met a visiting physiotherapist during our visit. However, some of the records we saw in care plans needed to be clearer about the person and their needs and wishes. Some were written in a general way and were not clear about what staff needed to do to provide the right care and support. Particular focus was needed in relation to how to support someone when they became distressed, when they were eating and drinking and also in relation to foot care needs. We have made a recommendation about this. Please see recommendation 3.

When we were talking with people, we could see that some people needed more support in relation to their personal hygiene, including nail, eye and hair care to make sure that their dignity was maintained.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider should make sure that more support is available to everyone living in the home in relation to daily activities.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements

2. The provider should make sure that everyone living in the care home has the right care and support in relation to eating and drinking and that records such as, food and fluid charts are up to date.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements

3. The provider should make sure that care plans are clear and up to date in relation to people's needs and in particular their needs in relation to eating and drinking, foot care and distressed responses.

National Care Standards - Care Homes for Older People, Standard 6: Supporting arrangements.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The care home has a very attractive and well maintained garden area to the rear of the building. This contained lots of plants, greenery and seating for people to use. We saw people out enjoying the sunshine during our visits. There were also artworks which were an added attractive feature. We were told that people who live in the care home were involved in various gardening activities and in developing this space.

There were a range of communal areas in the care home where people could choose to spend time including lounges and dining areas. Seated areas in corridors were also available and people clearly enjoyed sitting there. Work had been carried out particularly upstairs to make the environment more homely and welcoming.

The manager told us that they had carried out an environmental audit in the dementia unit. This had led to improvements such as painting the grab rails in the corridors red to make them more visible for people who needed to use them which helped them to move around more freely and independently. Some doors had been painted red to help people distinguish different rooms and we saw some red toilet seats which again can help people see and recognise them.

We felt it would be beneficial to continue with this work to improve the internal space. For example, in the dementia unit some of the corridors were quite bland and could be more homely. We also found that the lighting in some areas of the home was quite dull and could be improved again to make it safer and more homely.

There were clear processes in place to make sure that the internal environment was maintained. Maintenance staff were well organised, knowledgeable and attentive to what needed done. They showed us records, for example, about checks which were carried out on aids and equipment. We suggested that a clearer inventory of all aids and equipment in use could be helpful for everyone in the home to keep track of any changes, for example, if equipment was moved for any reason.

We found that the quiet/sensory room in the dementia unit had been turned into a smoking room. This reduced the option for people living there to have space and quiet when they needed it. On the first day, there was no signage to show what the room was used for and it was not immediately clear that it was a smoking room. We also saw that the fan was noisy and needed cleaned and the blind cord pull needed fixed to the wall. We acknowledge that when we pointed these out to the manager that they were addressed by the following day.

We talked about the need to make sure that people continued to have choices of places to go during the day and the manager told us about plans to develop the second lounge or cinema area. We were also told about plans to convert a room upstairs into a library.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We received a lot of positive feedback from people living in the home and relatives about the care and support that staff provided and about how caring and hardworking they were. People appreciated the relaxed friendliness of staff and relatives commented on how welcome they were made to feel. People also valued that staff knew them and their needs.

We saw several examples of good practice throughout our visits. When we talked with staff, they demonstrated a good level of commitment and enthusiasm about their roles and responsibilities and had good knowledge and awareness of people's needs and wishes. They also told us that they felt supported and about a range of training opportunities which they had such as, dementia training. We were told that local specialists such as, an Admiral Nurse (dementia specialist) and Care Home Liaison Nurse visited to provide up to date programmes of training for staff.

Regular staff meetings were held and minutes of these showed that a range of relevant information was shared and various topics were discussed to continually improve service provision. Staff also had regular supervision meetings which supported them to discuss various matters relating to their role and also to develop their practice and identify training needs. Supervision records also contained examples of feedback which people who live in the home had given about staff.

We found that there were some vacancies and that recruitment into these posts was underway. It was acknowledged that more agency staff were being used at this time, and it was important that there was an on going focus on making sure that continuity of staff was achieved as much as possible until a full staff team was re-established.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We received a lot of positive feedback from people living in the home and relatives about the manager and how approachable and friendly they were. Throughout the inspection visits, we found the manager and depute manager to be very enthusiastic, motivated and committed to continuing to make improvements and develop the service. Plans were in place to increase the supernumerary hours which the depute manager worked in order to support the manager and the staff team to enhance staff practice and there was a clear focus on improving outcomes for people living in the home. Both managers were very knowledgeable and aware of everyone's needs and were clearly engaged in the daily life of the home.

There were a range of clear and organised systems in place to help the managers to have an up to date overview of service provision and also people's current needs and how they were being met. These also helped identify any gaps in service provision which needed addressed. These included a range of audits and also night time visits carried out by the manager.

The managers were very receptive to the inspection process and were keen to hear about best practice guidance and events which staff could attend. Given our findings, we discussed the benefits of carrying out more mentoring and observational supervision of staff practice to help them further develop their skills and approach.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The service provider must ensure the health and welfare of residents. To do this they must ensure that:

- prescribed creams and lotions, are administered/applied in accordance with the prescribers' instructions or as part of an individual's assessment of skin and pressure area care.

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.

Timescale for implementation: with immediate effect.

This requirement was made on 4 December 2015.

Action taken on previous requirement

All staff had had level 1 training about applying topical creams. A topical protocol was now in place. We saw records which showed that staff signed when they had applied creams and that this was done according to guidance provided. A staff member had been given the responsibility of checking the documents regularly.

Met - within timescales

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

Previous recommendations

Recommendation 1

The provider should develop the keyworker role to enhance person centred care and improve outcomes for service users.

National Care Standards, care homes for older people - Standard 6: support arrangements and Standard 12: lifestyle - social and cultural and religious belief or faith.

This recommendation was made on 4 December 2015.

Action taken on previous recommendation

Discussions about the keyworker roles and responsibilities had been carried out with staff, people living in the home and relatives. Additional written information about keyworkers was also available in people's bedrooms. We discussed the need to continue to explore and introduce opportunities more person-led care and support in relation to outcomes overall and this is discussed elsewhere in this report. We have removed this recommendation.

Recommendation 2

The provider should develop the scope of 'Residents' Day' and return the focus on enhancing outcomes for service users.

National Care Standards, care homes for older people – Standard 6: support arrangements and Standard 12: lifestyle – social and cultural and religious belief or faith.

This recommendation was made on 4 December 2015.

Action taken on previous recommendation

As with Recommendation 1, we found that there had been increased discussion about keyworker's roles and responsibilities and more awareness about these. There was a continued need to focus on more person-led care and people's outcomes in relation to all aspects of their lives and we have discussed this elsewhere in the report. We have removed this recommendation.

Recommendation 3

The provider should ensure that:- service users' money is managed in the best interests of the service user.

National Care Standards, care homes for older people –Standard 5: management and staffing arrangements and Standard 8: making choices.

This recommendation was made on 4 December 2015.

Action taken on previous recommendation

We found that a range of work had been carried out, for example, holding a case conference and discussion with Social Work Services in relation to developing the way in which staff supported people to manage their money. The manager demonstrated a committed and proactive approach to continuing to focus on this. We have removed this recommendation.

Recommendation 4

The provider should improve the quality care plans relating to foot care and ensure that professional treatment is sought in a timely manner, when required. The provider should also provide training to staff relating to foot care based on current best practice.

National Care Standards, care homes for older people – Standard 6: support arrangements.

This recommendation was made on 8 July 2016.

Action taken on previous recommendation

We found that there had been a lot of work carried out including staff training. However, when we looked at care plans we were unable to see that the information about foot care was consistently in place and up to date. We also found inconsistent information about when people had had support to access footcare and professional treatment. Further attention was needed about this. We have removed this recommendation and included footcare in a new recommendation in quality theme 1.

Recommendation 5

The provider should ensure that care plans relating to individual's stress and distressed behaviours provide clear direction to staff on how best to support service users at these times. Care plans should detail any diversionary techniques specific to individuals and the circumstances when 'as required' medications should be given.

National Care Standards, care homes for older people - Standard 6: support arrangements.

This recommendation was made on 8 July 2016.

Action taken on previous recommendation

We found that there was a need to carry out further work in relation to this aspect of care. There needed to be a shift in some of the language which was used in line with best practice guidance such as in Promoting Excellence. A Skills and Knowledge Framework for Dementia. Care plans did not contain clear information about diversionary techniques which may help support someone and there was also a lack of clarity in the care plans about the use of 'as required' medication to guide staff.

We have removed this recommendation and included reference to this in a new recommendation in quality theme 1.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
19 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Feb 2017	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
26 Apr 2016	Unannounced	Care and support	3 - Adequate
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	2 - Weak
4 Dec 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Apr 2015	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
17 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	2 - Weak
		Management and leadership	2 - Weak
7 May 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

Date	Type	Gradings	
27 Dec 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
21 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
11 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
30 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
1 Dec 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed Not assessed
27 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed 5 - Very good
6 Oct 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
20 May 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed

Date	Type	Gradings	
27 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good Not assessed Not assessed
3 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 5 - Very good
6 Feb 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
20 Jun 2008	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate

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