

Springvale Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
29 August 2022

Service provided by:
Springvale Care Limited

Service provider number:
SP2018013254

Service no:
CS2018372196

About the service

Springvale Care Home for older people is located in the main street of Lennoxton in East Dunbartonshire. The home is near to local shops and bus routes. The provider is Springvale Care Ltd. This service registered with the Care Inspectorate on 29 March 2019 to care for 95 older people.

The service operates from a two-storey building, with two units on the ground floor and two on the first floor. All bedrooms are single with en-suite toilet and shower facilities. The care home offers a choice of sitting and dining areas. Additionally, the home has a café area, a private dining room and a cinema room for residents and their families to use. People have access to outdoor space on both floors. There are enclosed garden areas at ground level and balconies on the first floor, providing outdoor sitting areas.

At the time of the inspection, there were 66 residents living in Springvale.

About the inspection

This was a full inspection which took place between 23 and 26 August 2022 and was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with 6 residents and 3 of their family and spoke with 11 staff and the management team.

We observed staff practice, daily life for residents, reviewed documents and spoke with external professionals who support the home.

Key messages

- People were supported by staff in a warm and respectful way and staff were knowledgeable about the people they supported.
- People benefited from a responsive staff team who sought clinical advice from healthcare professionals for people's changing needs.
- Residents would benefit from better staff infection control practices.
- We found that the cleanliness within some bedroom areas could be improved upon, however the service was quick to respond when this was pointed out.
- The recording of topical medication required improvement.
- The service management team and systems generally worked well to ensure positive outcomes for residents.

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 made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

1.3 - People's health benefits from their care and support

Residents appeared generally clean and tidy and relatives we spoke with said they were always presented well. Staff engaged with residents in a warm and respectful way and were knowledgeable about the people they supported.

Effective communication between staff meant that important information was shared to help maintain and improve outcomes for residents. This meant residents could be confident that staff were aware of important information needed to support them safely.

The service made sure they had sought advice from healthcare professionals where it was needed to attend to any changing health needs. Where people required specific equipment or clinical intervention to meet their needs, this had happened.

We continued to find gaps in some daily charts relating to topical medication records and oral care. Improvement was needed to make sure important information about people's health was monitored and communicated.

This is a repeat area for improvement. (See area for improvement 1)

Medication Administration Records were completed well. This demonstrated that people had received the right medication at the right time. We highlighted that the outcomes of administering "as required" medications could be more descriptive.

We observed mealtimes and found them to be positive and well organised with people being supported well. We discussed ways to ensure people were happy with the temperature of the food at feedback.

Improvement had been made to the amount of activities residents could participate in to support them physically and cognitively. Community events were part of the programme as well as individual activities.

1.4 People experience meaningful contact that meets their outcomes, needs and wishes

The service was operating in line with Scottish Government's 'Open with Care' guidance relating to supporting visiting within the home. Relatives spoke to us positively about how well they were supported with visiting and the communication with the service. Care plans showed when residents' next of kin had been kept informed of any changes.

The service had worked well to keep people informed about any changes and 6 monthly care reviews appeared to be up to date with families involved.

We observed many visitors coming and going from the home freely during the inspection.

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

The service had an Infection Prevention and Control (IPC) Lead and 2 IPC champions who were involved in the auditing of the home.

We saw that while communal areas of the home were of a satisfactory standard, areas within bedrooms were not always cleaned appropriately, namely mattress covers, bedding and seating. However, this was actioned immediately and the service introduced additional checks and records to ensure monitoring was effective.

While immediate action was taken to address the concerns, an area for improvement has been made in relation to fully implementing and embedding the new records and checks.

(See area for improvement 2)

PPE stations were available throughout the care home and storage of the PPE protected it from contamination thereby reducing the risk of the spread of infection. However, we found at times not all sizes of gloves were available within the PPE stations and we passed this on at feedback.

IPC audits were completed to check how well staff followed IPC procedures. However, we observed some incidents when staff practice could have been better. More information and an area for improvement has been made under Key Question 3 in relation to this.

Areas for improvement

1. To support the management of individual's healthcare needs the provider should ensure that all aspects of personal plans and care charts are kept up to date. This includes, but is not limited to, falls risk assessments, oral care charts, personal care records and topical medication records.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meet my needs and is right for me'. (HSCS 1.19).

2. To ensure people benefit from safe infection prevention and control practices, the service should ensure monitoring of mattresses and chairs is effective. In doing so, the service should fully implement their new procedures and records for checking cleanliness is of a satisfactory standard.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

Residents benefitted from a well organised staff group who knew them well. Units were managed individually and well led by more senior staff. Management had a good overview of the service including any health concerns of residents.

Dependency assessments indicated how many staff were needed to meet residents' needs. Management had worked hard to make sure that they always had the right number of staff on duty. Agency staff had

been used to help cover staff absences. Where possible, the service had tried to be consistent with the same agency staff they requested, to care and support residents in the home.

Overall, from what we saw and were told, there appeared to be enough staff on duty to meet residents' needs, during the inspection. We spoke with management about some concerns we had with the night time staffing levels in one particular unit. However, we were assured by management that they were aware of this and they told us about the action they planned to take.

One unit had made sure there was time set aside each day for staff to talk about what had worked well. We spoke with management about how this may be an area which could benefit other units.

Inspectors attended some morning changeover meetings and found they provided important information for staff about residents' health. This meant staff were knowledgeable about the residents and were directed on any specific care required to meet residents' needs. Other daily "Flash Meetings" with heads of departments helped promote discussions on any important issues and identify any actions needed to make improvements.

Meetings took place across all departments regularly which helped keep staff informed about what was happening within the home. It also gave staff a way of making suggestions, raise questions and discuss concerns.

Staff spoke positively about the management and leadership within the service and how approachable and supportive management were.

Quality assurance systems helped identify any concerns about practices or record keeping.

Action plans showed what steps the service had taken on areas needing improvement. However, although most water temperature checks that were checked were within safe limits, we saw some which were not and had not been picked up on by the quality assurance systems.

(See area for improvement 1)

Events had been reported to the Care Inspectorate and Social worker where required. Staff who spoke with us were clear about what their role was in reporting any Adult Support and Protection concerns.

The service had both an Environment and a Service development plan. This showed a good level of information about how management aimed to maintain and improve the service.

We found that financial records were difficult to follow, however, the service improved these to be able to track information better. We found a discrepancy within one resident's financial transaction record that had not been picked up on by the quality assurance systems.

(See area for improvement 2)

Areas for improvement

1. To ensure people are protected from the risk of scalding, the service should effectively monitor water temperature checks to ensure they are consistently within safe levels. In doing so, there should be a clear record to demonstrate any actions taken where temperatures are found to be outwith recommended safe levels.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My environment is secure and safe' (HSCS 5.17)

2. To ensure finances are managed appropriately, residents' monies and associated transaction records should be routinely reconciled to identify and investigate any discrepancies. Where discrepancies are identified, there should be clear records of any investigations carried out.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded'. (HSCS 2.5)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

The sample of recruitment files showed that best practice had been followed and relevant checks completed to help keep residents' safe.

Residents benefitted from a competent and trained workforce with a wide range of training delivered through online and face to face sessions. Training included infection prevention and control, moving and assisting and adult support and protection.

The service had also taken up training opportunities from the local care home collaborative. This helped make sure information given to staff through training was up to date and consistent with other groups of staff providing care and advice to residents. Feedback/reflections were completed by staff as to how training would impact and improve how they would support residents.

The service regularly checked that staff were up to date with their professional registration. Staff were supported to work towards meeting any conditions indicated on their professional body registration.

Staff supervision sessions had been carried regularly. These helped support staff in their roles and in their professional development. The sessions also gave staff ways to talk about any issues and concerns individually.

Staff supported and spoke with residents and visitors in a warm and respectful way and residents and relatives spoke very highly of the staff.

Staff knew residents well and responded quickly to any changing needs when needed.

Staff infection control practices were checked through 'spot checks' to make sure they were working safely. Records of these checks showed that no issues had been identified with staff practice at these times.

However, we found that staff knowledge and practice could be improved on in relation to correct usage of Personal Protective Equipment and effective mattress checks.

(See area for improvement 1)

Areas for improvement

1. To ensure people are protected from the risk of infection, the service should ensure staff fully implement infection control training and guidance at all times. In doing so, there should be a clear record to demonstrate actions taken to address any staff practice concerns identified.

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

How good is our setting?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

Residents benefitted from an environment which was maintained to a good standard. Records of cleaning and maintenance showed where regular cleaning and repairs had been undertaken. Communal areas were noted to be clean, bright and uncluttered which helped people to move about freely and safely.

Environmental audits had been used to help make sure areas of the home and the equipment used by residents were clean and well maintained. Daily walk rounds also made sure there was a general overview of areas within the home including, repairs and maintenance and whether cleaning schedules were being followed.

Door keypad entry systems were used to help make sure residents were kept safe. Where appropriate however, residents had been provided with codes to come and go as they pleased.

Residents could seek help from staff through a pull cord system which was regularly maintained. Where residents had been assessed as requiring specific equipment to meet their needs, this was in place. The regular maintenance programme and repairs made sure residents had equipment that was in good condition and worked properly.

Bedrooms were all single occupancy with en-suite toilets and showers and could be personalised by residents. There were no restrictions placed on residents as to where they could spend their time. Other areas within the home were made available for residents and their visitors to use freely, such as the café and cinema room areas. Residents and their visitors could also use the garden areas and balcony areas if they wished.

Minutes of meetings showed effective and realistic conversations across all departments and any subsequent actions taken to address any issues. We saw examples where actions and conversations that required to be taken had been.

Refurbishment and development plans showed how the service planned to continue to improve and develop the service. We saw where improvements has been made such as a number of new chairs which had been purchased for residents use.

We highlighted some outstanding environmental issues and management discussed ways in which these had been/were being actioned.

On grading this Key Question, we took into account the area for improvement relating to the environment made under Key Question 1.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweigh areas for improvement.

Care Plans had been transferred onto an electronic system. Although staff were still getting used to the system, we found they were able to navigate around the system and could locate information on residents and any changes to health.

Clinical care plans and assessments were in place to help guide staff to support people the right way in order to meet their needs. There was generally a good level of detail recorded about residents' specific needs such as end of life and stress and distress.

Most plans had also recorded residents' individual wishes and preferences and contained good person-centred information. This meant staff were directed in how to deliver the right level of support through up to date and accurate information.

The system also helped to make sure people received the right support at the right time by alerting the manager if any delays occurred.

Monthly updates gave an effective overview of the health of the resident within the previous month. This meant people could be confident that staff were aware of any changes to health in order to support them safely.

Care plan audits had generally been effective in highlighting what needed to be done to make the care plans better. We saw examples of where this helped to improve the plans.

However, some residents' 'life stories' could have been better recorded and it was not always clear why some sections had been assessed as high risks. We discussed how the electronic care plans may benefit from management oversight to ensure all sections were completed to a good standard and information was clear.

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

Requirements

Requirement 1

By 12 December 2021, the provider must ensure that the care service is provided in a manner which maintains the dignity of service users and promotes the principles of respect.

In order to do this the provider must ensure that -

- Staff receive appropriate training to improve their understanding of the principles of dignity and respect as set out in the Health and Social Care Standards.
- Staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council understand and adhere to their relevant codes of conduct and practice.
- Systems should be implemented to ensure that individual's appearance and presentation are maintained to acceptable standards.

This is to ensure care and support is consistent with the Health and Social Care Standards which state -

'My human rights are protected and promoted, and I experience no discrimination' (HSCS 1.2)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me'.
(HSCS 3.13)

'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)

And, in order to comply with Regulations 4(1)(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 7 September 2021.

Action taken on previous requirement

Staff had received training in dignity and respect and were observed engaging respectfully with people throughout the inspection. Sessions had been carried out reminding staff of their professional Codes of Practice. Relatives and professional visitors feedback about the service relating to the staff was positive. We found people to be well presented throughout the inspection. Any issues with residents presentation were identified during the management daily walk rounds and addressed with staff at the time.

Met - outwith timescales

Requirement 2

By 12 December 2021, the provider must ensure that people have access to meaningful activity to support their wellbeing. The provider must ensure there are appropriate numbers of staff are available to support the co-ordination and delivery of meaningful activity for everyone living in the home.

And to help support meaningful engagement with people living with dementia the provider must ensure that staff are supported with appropriate training such as, 'Promoting Excellence programme for dementia learning and development'.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

'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)

And, 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 7 September 2021.

Action taken on previous requirement

Records showed improvement had been in relation to the activities that people could become involved in. Activity staff completed online dementia training and attended a meeting once a month with residents to discuss activities which helped form the planner for the following.

Met - outwith timescales**Requirement 3**

By 12 December 2021, the provider must ensure that they protect people from infection by implementing a robust and consistent approach to maintaining acceptable standards of cleanliness of the home and the equipment used by service users. In order to do this the provider must ensure that: -

- Quality audit tools are improved to capture all aspects of assessment and monitoring of cleanliness of the home and equipment used by service users.
- Quality audit tools take account of current infection prevention and control guidance.
- Staff involved in the quality assurance process have the knowledge to effectively complete the audit tools.
- Outcomes of quality audits are be used to inform action plans to address any issues identified.
- Systems are put in place to verify that actions have been completed and acceptable standards of cleanliness are maintained.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19) And, 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 7 September 2021.

Action taken on previous requirement

We saw that while communal areas of the home were of a satisfactory standard, areas within bedrooms were not always cleaned appropriately, namely mattress covers, bedding and seating. However, this was actioned immediately and the service introduced additional checks and records to ensure monitoring was effective.

While this requirement has been met, an area for improvement has been made in relation to fully implementing and embedding the new records and checks.

(See area for improvement 2, Key Question 2)

Met - outwith timescales**Requirement 4**

Beginning immediately and to be completed by 10 October 2021, the provider must take action to promote individuals' dignity and maintain acceptable IPC practice. In order to do this the provider must ensure that:

- Unlabelled clothing is returned to its owner or disposed of
- The practice of communal use of clothing and underwear used with continence aids ceases systems are put in place to effectively and clearly label individuals clothing.

This is to ensure care and support is consistent with the Health and Social Care Standards which state- 'My human rights are protected and promoted, and I experience no discrimination.' (HSCS1.2) And, in order to

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

This requirement was made on 7 September 2021.

Action taken on previous requirement

Laundry issues had been addressed to a satisfactory standard.

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 support the management of individual's healthcare needs the provider should ensure that all aspects of personal plans and care charts are kept up to date. This includes, but is not limited to, falls risk assessments, oral care charts, personal care records and topical medication records. This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My care and support meet my needs and is right for me'. (HSCS 1.19).

This area for improvement was made on 7 September 2021.

Action taken since then

We continued to find gaps in some daily charts relating to topical medication records and oral care.

This area for improvement has not been met. (See area for improvement 1, Key Question 3)

Previous area for improvement 2

To support individuals' health and wellbeing the provider should ensure that people are supported to change their position regularly. Staff awareness regarding this could be improved by accessing the Care Inspectorate resource 'Making every move count'. This is to ensure care and support is consistent with the Health and Social Care Standards which state: '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) '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 7 September 2021.

Action taken since then

We saw pressure care was undertaken frequently where it had been assessed as required and records completed.

This area for improvement has been met.

Previous area for improvement 3

The provider should share the refurbishment plan with the Care Inspectorate. The plan should detail the timescales for refurbishment to take place. This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.22)

This area for improvement was made on 7 September 2021.

Action taken since then

The service provided us with a satisfactory refurbishment plan.

This area for improvement has been met.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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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