

Flemington Care Home Care Home Service

Flemington Road
Cambuslang
Glasgow
G72 8YF

Telephone: 0141 643 9600

Type of inspection:
Unannounced

Completed on:
4 December 2020

Service provided by:
Flemington Care Home Limited

Service provider number:
SP2011011539

Service no:
CS2011285878

About the service

Flemington Care Home is owned by a private company called Flemington Care Home Limited. It is a purpose-built care home on three floors. The home can accommodate 90 older people, however 16 of the places may be used for adults aged between 16 and 65 or four people receiving respite care. At the time of the inspection there were 77 people receiving care.

The home is split into five units with two on the ground floor, two on the first floor and one on the second floor. All residents have access to individual bedrooms and private en-suite facilities including a wet floor shower. Double bedrooms can be made available to those who wish to share.

The home's philosophy is to create a "warm, homely atmosphere where people can live in comfort, dignity and safety and where they can be encouraged to maintain and improve their quality of life backed by 24 hour nursing care of the highest standard."

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This was a virtual follow up inspection and was carried out by an inspector from the Care Inspectorate.

What people told us

We did not speak to anyone using the service or their relatives at this inspection.

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

Requirements

Requirement 1

By the 4 December 2020 the provider must ensure that within individuals personal plans staff record clear and precise care notes detailing the care provided during each care shift. This must include all communication with other parties including relatives and health professionals.

This is to ensure confidence in the organisation providing my care and support and is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of users;

This requirement was made on 13 November 2020.

Action taken on previous requirement

From the evidence presented the service had improved the level of recording across a number of areas. This included further development of COVID 19 care plans to reflect the support individuals would receive during this time and this included how contact would be made with families.

Staff were now recording contact that they and service users had with families and this helped to show that this contact was regular and in keeping with peoples wishes and preferences.

Staff were now completing daily notes for service users which were more reflective of people's care and also highlighting activities that they had taken part in.

Staff were now more clearly recording contact with health professionals and any follow-through actions needed to ensure peoples health needs were being met.

All the above helped to ensure that staff had the information they needed to demonstrate peoples care needs were being met.

Met - within timescales

Requirement 2

By the 4 December 2020 the provider must ensure that staffing levels within the home are assessed considering people who are self-isolating and the social and emotional needs of those living in the home.

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

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 - Principles; Regulation 15(a) - Staffing;

This requirement was made on 13 November 2020.

Action taken on previous requirement

The evidence presented showed that the service had reviewed how staffing levels would be assessed where there was a need for service users to isolate. The manager could demonstrate that they had also discussed this with staff and taken account their views in relation to the impact this had on staffing levels.

This should help to ensure that if the service have a future outbreak that staffing levels would be adjusted appropriately to meet the needs of those living in the service.

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

The provider and manager should ensure that all medication records are correctly completed and where handwritten records have been put in place that these are appropriately referenced in line with current guidance.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)

This area for improvement was made on 13 November 2020.

Action taken since then

From the sample of medication records seen we could evidence that improvements had been made in the recording and referencing of medication. This ensured records were maintained in line with current guidance.

Management also planned additional staff training in relation to medication record keeping for staff to reinforce good practice.

This Area for Improvement in Met

Previous area for improvement 2

The provider and manager should ensure that a range of appropriate and meaningful activities are provided daily to engage people living in the service. This should be regularly reviewed to ensure activities provided remain relevant and met their wishes.

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)

This area for improvement was made on 13 November 2020.

Action taken since then

The service were able to show that they had started to take action to address this. Staff were discussing with service users what kind of activities they would like and this was being tailored to individual units.

New documentation was being introduced to record peoples participation in activities and their level of enjoyment. This would help to ensure activities remained relevant to people.

Peoples daily notes seen were now more reflective of activities arranged by care staff in the units thus giving a broader overview of activities people took part in. This included supporting people to access outside space and go for walks.

We will continue to review how successful this has been at future inspections in meeting individuals preferences and wishes in this area.

This Area for Improvement in Met

Previous area for improvement 3

The provider and manager should ensure that furniture and equipment be checked routinely and any damaged items replaced. Paper towel dispensers should be fitted to all communal bathrooms and toilets instead of hand dryers to reduce the spread of infection.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: 'I am able to access a range of good quality equipment and furnishings to meet my need, wishes and choices.' (HSCS 5.21)

This area for improvement was made on 13 November 2020.

Action taken since then

The service had developed an appropriate audit tool to allow staff to check that furniture and equipment that was damaged was routinely identified and actions taken to address this. The service had already undertaken an audit and could show that where items needed replaced that these had been ordered.

The service submitted photographic evidence showing that paper towel dispenser's had been fitted to communal bathrooms and toilets to replace hand dryers to help reduce the spread of infection.

This Area for Improvement in Met

Previous area for improvement 4

The service must ensure that all staff wear PPE as stated in Health Protection Scotland guidance entitled "COVID-19 Information and Guidance for Care Home Settings.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: I experience high quality care and support because people have the necessary information and resources (HSCS 4.27)

This area for improvement was made on 13 November 2020.

Action taken since then

The service could show that where issues were identified in relation to staff use of PPE that individual sessions were carried out with staff to improve practice.

The service plan to continue to deliver refresher training in this area including on going observations of staff practice to ensure compliance with the guidance.

This Area for Improvement in Met

Previous area for improvement 5

The provider and manager should ensure that staff have appropriate designated areas where they can have their breaks away for those living in the service.

This is to ensure care and support is consistent with the Health and Social care Standards which state that: If I live in a care home there are separate facilities for people who support and care for me, these are in keeping with the homely environment (HSCS 5.14)

This area for improvement was made on 13 November 2020.

Action taken since then

The service had taken action to create additional break areas for staff. This would ensure that staff had access to a safe break area that did not impinge on space used by those living in the service.

This Area for Improvement in 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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Care Inspectorate
Compass House
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