

The Argyle Care Centre Care Home Service

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Helensburgh
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Type of inspection:
Unannounced

Completed on:
25 October 2022

Service provided by:
Clearvue Investments Limited

Service provider number:
SP2005007952

Service no:
CS2005111774

About the service

The Argyle Care Centre is registered to provide care for 58 older people, some of whom may require nursing care.

It is situated on the edge of Helensburgh's conservation area. The home is a short stroll from transport, shops and the wide range of facilities located in Helensburgh Town Centre.

The Argyle Care Centre consists of a both, a modern new-build unit known as 'Argyle House' linked to the smaller traditional Country House known as 'Argyle Lodge'. Car parking is available at the home.

The services key goals are 'to give the best possible individualised person-centred care in as homely, pleasant and contented environment as possible' and that 'everyone will be treated with respect and sensitivity'.

About the inspection

This was an unannounced inspection which took place on 25 October 2022. The inspection was carried out by one inspector from the Care Inspectorate.

This was a follow up inspection reviewing a requirement and areas for improvement made at a previous inspection which was completed on 14 February 2022.

At the time of the inspection 56 people were living in the care home.

In making our evaluations of the service we:

- spoke with staff including the manager,
- observed practice and key areas of the environment,
- explored the new electronic care planning system,
- reviewed other evidence, records and documents.

Key messages

- Infection prevention and control practices in the laundry had improved.
- Electronic care planning software had been implemented.
- Personal care and support plans had improved.
- Better oversight and planning of staff training.
- Quality assurance processes had been further developed.
- Financial procedures had been developed but were not fully implemented.
- Plans for a major refurbishment were due to be submitted.

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
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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

One requirement and four areas for improvement were made at the previous inspection in February 22. The service had an action plan in place to manage the improvements needed. We observed key actions had been progressed and completed.

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

Two areas for improvement related to people's care and support. This included the timescales for the implementation of a new electronic care planning system and procedures to support better financial management. See the section 'what the service has done to meet any requirements we made at or since the last inspection.'

The service evidenced progress in these key areas. No changes were made to the evaluation of quality indicator. 1.3 it was previously evaluated as good.

1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures

A requirement and two areas for improvement related to safe infection prevention and control practices and procedures. The requirement detailed extensive changes required to the laundry environment.

The areas for improvements were in relation to the safe use of personal protective equipment, infection prevention and control (IPC) training, competencies, staff observations and (IPC) audits. See the section 'what the service has done to meet any requirements we made at or since the last inspection.'

We have re-evaluated key question 1.5 as good. We identified important strengths and improvements.

Areas for improvement

1. Residents should be offered choices and control around their finances. Clear financial policies and procedures for the management and access to residents' funds within a care home setting should be established, documented, and audited.

Care plans should capture for example:

- arrangements for purchasing items such as replacement clothing and toiletries,
- approvals required for purchases,
- limits on purchasing levels,
- arrangements for invoicing,
- financial arrangements included as part of ongoing six-monthly reviews.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states: '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).

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

Requirements

Requirement 1

By 30 June 22 and in order to ensure there is a process to establish the safe management of linen you, the provider, must ensure:

- a) the laundry should be designed to minimise frequent movement between areas for storing, and processing used, infectious and clean linen,
- b) separate areas for the processing and storage of used, infectious and clean linen,
- c) the provisions of coloured linen trollies as per guidance,
- d) the correct identification of and categories of linen,
- e) the requirements are met for the laundering and thermal disinfection of linen.

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

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

This requirement was made on 14 February 2022.

Action taken on previous requirement

The management team and staff had worked hard to make the necessary improvements to meet this requirement. The laundry had been extended, upgraded and reorganised.

Changes in the laundry meant the safe flow of linen had improved. Equipment was available for sorting used and clean laundry. The addition of further easy clean receptacles could be considered. New trollies had been purchased to transport people's clothes to their rooms. Modifications to the laundry environment had succeeded in reducing the risks around contact transmission.

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

Care plans, daily records, assessments, and care plan audits should be regularly reviewed. The service should set out timescales for the implementation of the new electronic care planning system. This will help to ensure:

- a) consistency in the overall content, model and format used for care planning,
- b) care and support plans accurately reflect the assessed needs of people experiencing care,
- c) supplementary charts including, for example, food, fluid, personal care records and body maps are consistently completed and reviewed to assess effectiveness,
- d) staff complete, implement, and regularly review risk assessments for people experiencing care,
- e) daily notes are completed by the staff delivering the care and should include what people have been doing throughout the day,
- f) the service integrate systems for recording for social and clinical care.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15) and 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24).

This area for improvement was made on 14 February 2022.

Action taken since then

The new electronic care planning system had been fully implemented. The quality of personal plans had improved. We discussed some further actions to support daily recordings. These should be more outcome focused and provide a clear narrative of all aspects of residents' wellbeing, including meaningful activities. We were confident the service would continue to progress care and support planning and considered this area for improvement to be met.

Previous area for improvement 2

Residents should be encouraged to exercise as active a role as possible in the management and decisions about their finances. Clear financial policies and procedures for the management and access to residents' funds within a care home setting should be established, documented, and audited.

Care plans should capture for example:

- arrangements for purchasing items such as replacement clothing and toiletries,
- approvals required for purchases,
- limits on purchasing levels,
- arrangements for invoicing,
- financial arrangements included as part of ongoing six-monthly reviews.

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

states: '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)

This area for improvement was made on 14 February 2022.

Action taken since then

Whilst financial policies and procedures had been developed, these were in the early stages of implementation. We agreed to review this area for improvement at a future inspection. This will enable us to examine the process and evaluate outcomes for people. This area for improvement will be repeated.

Previous area for improvement 3

The management team should ensure that staff use PPE in accordance with current guidance and best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: '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 14 February 2022.

Action taken since then

This area related to quality indicator 7.2 and has been replaced by quality indicator 1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures.

We reviewed staff training records and observations of staff practice. Staff observed were seen to be adhering to current good practice guidance. We considered this area of improvement to be met.

Previous area for improvement 4

Infection prevention and control (IPC) training and the Infection Control Policy should protect the health and welfare of people experiencing care.

To do this the service should:

- a) review the infection control policy to ensure it is reflective of Scottish Guidance,
- b) review infection prevention and control (IPC) training and associated quality audits,
- c) ensure IPC training is completed as part of induction or before new staff commence,
- d) provide role specific IPC training,
- e) undertake staff observations around IPC to evidence implementation of good practice,
- f) review the locations and access to PPE through the service,
- g) ensure well sign posted and adequate hand washing facilities for staff and residents,
- h) improve the external storage arrangements for domestic and clinical waste,
- i) nominate and train infection control leads for clinical care and general housekeeping roles.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS) 5.22 and 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 14 February 2022.

Action taken since then

This area related to quality indicator 7.2 and has been replaced by quality indicator 1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures.

The service had an infection control policy reflective of good practice. We reviewed staff training records, observations of staff practice and infection prevention and control (IPC) audits. Staff were observed adhering to current good practice guidance.

There was ample personal protective equipment (PPE) located throughout the service. Signage was appropriate and sourced from Scottish guidance. The service had identified key staff to attend IPC champion training arranged for November 22. We considered this area of improvement to be 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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

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