

Upper Springland Tayview Care Home Service

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Type of inspection:
Unannounced

Completed on:
29 November 2023

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2018366497

About the service

Upper Springland Tayview is a care home for adults with physical disabilities who may also have a learning disability. It is situated in a residential area of Perth, close to local transport links to shops and community services. The service provides residential care for up to 23 people.

The service provides accommodation over a single ground floor with single bedrooms, each with an en-suite toilet and washing facilities. There is one sitting room and one dining room which also has smaller seating options within it. This service is part of a larger campus which can assist with associated activities and therapies. There is access to well-tended gardens and extensive grounds with viewpoints over the River Tay.

The stated aims and objectives of the service are: "Capability Scotland's Upper Springland service in Perth aims to enable people with a range of disabilities to lead their lives to the full by accessing specialist facilities and services whilst using community facilities where appropriate."

At the time of inspection 23 people were being supported by the service.

About the inspection

This was an unannounced inspection which took place on 28 and 29 November 2023, between 09:00 and 16:00 each day. The inspection was carried out by two inspectors from the Care Inspectorate. 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 three people using the service.
- Spoke directly with one family member and telephoned three family members of people using the service.
- Spoke with five staff and management.
- Observed practice and daily life.
- Reviewed care plans and management/audit documents.
- People told us that they valued the service and were routinely involved with planning and reviewing care. The manager and staff members were approachable and knew people's care needs.

Key messages

- Staff members' approach to care and support was very good.
- Care staff were supported by a competent manager and three full-time team leader posts. People received a high standard of personal care and support.
- Staff routinely evaluated people's care and support needs. They accounted for people's preferences when delivering care and making improvements to the service.
- Families and carers said they were well involved with planning and reviewing care. They told us that people's needs were being met and care was of a high standard.
- Staff were seen to communicate well with people and knew their individual needs. A variety of communication methods were used to help ensure that people's views and preferences were obtained.
- Where people needed health support this was referred promptly and communicated to families and carers. People's health and wellbeing needs were clearly identified in assessments, care plans and reviews of care.
- The manager was aware of the importance of quality assurance and effective leadership, and comprehensive quality assurance and governance systems were in place.

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?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff members' approach to care and support was very good. Experienced staff knew people well as individuals, showed compassion, and treated them with dignity and respect. Less experienced and agency staff were encouraged to adopt the same approach and were supported in understanding people's individual care and support needs.

Staff enjoyed working in the service and were motivated towards improving the quality of people's daily lives.

People were well supported by a team of core experienced staff. These staff had an in-depth knowledge of people's care and support needs, which was appreciated by people and their families and carers.

The service was experiencing staff recruitment problems and had to use agency staff on a regular basis. This, however, had minimal impact on people's daily lives. We heard that people received regular planned one-to-one support and had opportunities to take part in activities and outings. When agency staff were used to cover staff shortages, the service tried to obtain the same staff. This helped ensure consistency in care delivery through having staff that knew people well.

Care staff were supported by a competent manager and three full-time team leader posts. People received a high standard of personal care and support. Individual and group activities were built into people's daily lives. There were clear activity programmes, which accounted for personal interests and aspirations. People had been supported in a variety of activities, including attending "The Studio" on-site day service; use of an on-site accessible gym and "rebound" trampoline therapy; "Motomed" fitness bikes; a day trip to Edinburgh; a beach outing; a visit to a museum; and attending "The Lion King" musical. We were pleased to see activities tailored to individual needs and aspirations, such as a trip to see the superbikes at Knockhill racetrack; baking sessions designed to meet special dietary requirements; and engagement with an "inspiration orchestra" where people could learn to play adapted musical instruments.

Families and carers said they were well involved with planning and reviewing care. They told us that people's needs were being met and care was of a high standard.

Staff were seen to communicate well with people and knew their individual needs. They took time to support people with activities and when providing personal care and support. This helped ensure that people's daily lives were meaningful and met their needs and expectations.

A variety of communication methods were used to help ensure that people's views and preferences were obtained. These included Makaton, talking mats, choice boards, and games that used symbols which were customised to meet individual needs. People had access to speech and language therapy and "Makaton champions" were in place across the Upper Springland site.

Funds had been obtained to develop a sensory garden, purchase a wheelchair accessible swing, and to allow further development of interesting and aspirational activities.

The service actively sought to celebrate success for individual and group achievements. These were displayed in public areas and could be seen within people's care plans and ongoing reviews of care and support.

Some areas of the building were tired and dated in design. This had some impact on people's ability to enjoy the setting that they lived in. Nevertheless, there was evidence of ongoing renovation in bedroom and bathroom areas, and decoration of public areas. Expected improvements to the building need to be assessed within the context that the service will be moving to new premises in a few years time. It was positive to see that people and their families were involved in planning and designing the new premises.

Staff received training in adult support and protection and knew how to recognise and report concerns related to people's health and welfare.

Where people needed health support this was referred promptly and communicated to families and carers. People's health and wellbeing needs were clearly identified in assessments, care plans and reviews of care. The input of health professionals, such as GPs, mental health professionals, dentists, dietitians, opticians, physiotherapy, occupational therapy, speech and language therapy, and wheelchair specialists were seen in care plans. People were also supported to attend health screening appointments.

Medication and enteral feeding needs were catered for, with appropriate training and assessment provided for staff before undertaking such tasks. This helped ensure safe practice was maintained. Enteral feeds are used where people are unable to consume food orally.

There was clear communication of how to prevent and manage people's stress and distress reactions. Staff dealt effectively with these reactions because they knew people well. This meant that people experienced less distress in their daily lives and could enjoy more activities and relaxation.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff routinely evaluated people's care and support needs. They accounted for people's preferences when delivering care and making improvements to the service.

The manager was aware of the importance of quality assurance and effective leadership. Comprehensive quality assurance and governance systems were in place, which covered a wide range of care-related activities, maintenance requirements, and management processes.

The manager was supported by three full-time team leader posts. They helped the manager in supervising the staff team and carrying out quality assurance work. Robust implementation of staff supervision and quality assurance measures is important in ensuring that high standards of care practice are maintained with positive outcomes for people.

A comprehensive improvement plan was in place. This was in PowerPoint format, which was easy to understand and allowed presentation of text and photographs. The service had a Facebook page, which celebrated work and activities undertaken - these were presented through photographs and videos. Digital communication passports were also being introduced, with staff training planned.

These would allow people to tell their own story and help others better understand their lives, experiences, and needs.

The service intends to move to new, purpose-built, premises in a few years time; however, it was recognised that short-to-medium term improvements would need to be maintained, especially around the ageing environment.

Feedback was encouraged from anyone involved with the service. This included involving people with the design of the proposed new premises. Comments received were very positive. Any concerns raised had been dealt with effectively and steps taken to improve standards related to these.

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 service provider should ensure staff attend regular supervisions and team meetings to enable them to reflect on their practice, develop knowledge and skills and provide consistent care to those they support. This will also provide a forum for staff to contribute to the improvement of the service.

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

Also the Code of Practice for Employers of Social Service Workers which state you will: "Effectively manage and supervise social service workers to promote best practice and good conduct and support staff to continuously improve their performance and make sure they are fit to practice." (HSCS 2.2)

This area for improvement was made on 20 June 2022.

Action taken since then

This area for improvement had been met.

Three full-time team leader posts supported the manager in providing staff supervision. Planners were used to schedule supervision sessions; however, it was not always clear whether these had taken place. The manager stated that they would amend the supervision planning template to help make recording clearer and more accurate.

In most cases, staff had received recent supervision. Supervision records were clear and covered key areas related to staff member's day to day work. However, there could have been more detail about reflection on care practice and improving quality of care. The manager stated that they would take steps to improve supervision practice and recording in these areas.

Team meetings happened regularly. There had been eight team meetings during 2023, the last being October 2023. Meetings covered a variety of issues related to the delivery of people's care and support, and management of the service.

Previous area for improvement 2

The service should review its record-keeping and file audit processes to ensure that records are up-to date and accessible. This will ensure that essential information is easily accessible to staff and that information required for occasional reference does not hamper this accessibility. This will result in consistent care while also respecting the person's wishes and choices.

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

"I experience high quality care and support because people have the necessary information and resources". (HSCS 4.27)

"I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2.17)

This area for improvement was made on 20 June 2022.

Action taken since then

This area for improvement had been met.

A file check process had been introduced, which included a spreadsheet to help with management oversight. Each customer's file had been allocated to a member of the management team who monitored care files, finances, risk assessments, etc. Any issues were discussed with key workers and actions identified where improvements were needed.

A "customer of the fortnight" system was due to be introduced to help improve quality and frequency of care file and care practice audits. This would help ensure that people received the care and support that they required, and that records were accurate and kept up to date.

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?	5 - Very 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	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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