

Daniel House Care Home Service

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Pollokshields
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Telephone: 01414 270 761

Type of inspection:
Unannounced

Completed on:
22 April 2022

Service provided by:
Mainstay Trust Ltd.

Service provider number:
SP2003000175

Service no:
CS2003000863

About the service

Daniel House is a care home registered for eight adults with a learning disability. The provider is Mainstay Trust Ltd. Daniel House is in a quiet residential area on the south side of Glasgow in a large detached Victorian house. There is a well-maintained garden area surrounding the house. At the time of the inspection eight people were living there.

The stated aim of the organisation is:

"To provide appropriate, flexible support, both practically and emotionally, to people with a learning or physical disability and their family carers, which will grow and develop with them from an early age into their senior years."

About the inspection

This was an unannounced inspection which took place on 20, 21 and 22 April 2022. The inspection was carried out by an inspector 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:

- six people using the service
- five staff and management.

We observed practice and daily life and reviewed documents.

Key messages

- Staff worked collaboratively to support people
- People living in the care home were supported to stay connected to their local community
- People living in the care home enjoyed a wide range of meaningful activities
- People living in the care home were supported to maintain relationships with those important to them
- The management team planned to make improvements to the quality assurance system in the care home
- The care home was making ongoing improvements to the environment.

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?	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?

5 - Very Good

We made an evaluation of very good for this key question. There were some major strengths in supporting positive outcomes for people, with very few areas for improvement.

There was a stable staff team working in the service, and several residents had lived there for many years. This meant that staff and residents knew each other well and staff were able to recognise and respond to changes in people's wellbeing. Relationships were caring and genuine. Values were evident and there was a caring and supportive culture.

The service had good links with external health professionals and were proactive at seeking help and following advice. Professionals we spoke to confirmed that the service provided high quality care, in particular in relation to a person's wound healing. This helped to keep people well.

Medication was managed well. There were clear systems and protocols in place to ensure that people received their medication safely.

There was a relaxed and informal atmosphere at mealtimes. People chose when and where they ate their meals and took a lead role in preparing these when they wanted to. Independence and cooperation were sensitively promoted. People were central to the planning, budgeting, shopping, and preparation of food as part of their daily life. There was ready access to food and drinks. This meant that people enjoyed a pleasant mealtime experience.

People were supported to maintain relationships with those important to them. The home fully complied with the Scottish Government's "Open with Care Guidance". There were appropriate Infection Prevention and Control (IPC) safeguards in place for visitors. This meant individuals were protected from the risk of infection.

People benefitted from creative ways to stay connected to family, friends, and local communities. People's wellbeing, mobility and confidence were enhanced as the service promoted a person-centred approach to meaningful activities. Each person had agreed their individual planner. People enjoyed a range of their chosen activities, including horse-riding, yoga, rowing and Karaoke. A person was supported to take part in online Yoga and another to maintain contact with friends. Internet access within the home had been improved to support this. Peoples' life histories were respected, and past likes and interests were reflected in the activities people enjoyed. People were encouraged to access local clubs and church. This promoted people's physical, mental and spiritual wellbeing, independence, choice, and sense of achievement.

There was a programme of refurbishment ongoing within the home which would further enhance peoples' living environment. Some bedrooms had been renovated to a high standard. Residents had chosen how they would like their rooms designed and decorated. Communal areas offered a comfortable and homely environment for people, and standards of cleanliness of furniture, carpets and equipment throughout the home were very good. A particular strength was that residents were actively involved in the refurbishment and routine cleaning of the home. Domestic staff ensured that required standards were maintained. People we spoke with took great pride in their bedrooms, which were personalised, individual and finished to a high standard.

People were supported to use an advocate if they needed additional help. This helped ensure that the peoples' wishes, and choices were respected.

Staff had received training in relation to hand washing and donning and doffing of Personal Protective Equipment (PPE) with direct observations of staff practice taking place. There was a clear training plan in place and a blend of online, and more recently, face-to-face infection prevention control training had been planned. This helped ensure staff worked in accordance with best practice guidance on infection prevention and control.

We discussed anticipatory care planning with the management team during inspection and were assured that work in this area is ongoing. We saw good evidence that this had been effectively managed previously.

How good is our leadership?

4 - Good

We evaluated this key question as good. There were important strengths with some areas for improvement.

Residents and staff spoke positively about the management team and confirmed they had a positive impact in the service. Staff were well supported.

We saw evidence that team meetings, and group learning events had taken place. This allowed the staff team to share their views on the service. The management team were approachable and visible within the care home and available to support staff when required. This made staff feel valued.

Resident meetings were held monthly. Records of these showed effective consultation and assured us that people were listened to and that their views informed actions.

Some quality audits had been completed, however, we found that documentation relating to environmental audits and care plan audits were not always completed or actioned. This was particularly evident during times when the manager was absent. We were assured that these gaps in recording did not impact on the care experience of people, or their outcomes, however, strengthening existing quality assurance systems would improve management oversight.

We concluded that staff involved in quality assurance would benefit from further training and support. This would benefit both residents and staff by supporting a culture of continuous improvement. (See Area for Improvement 1).

The management team acknowledged that improvements were needed to ensure that quality assurance systems informed positive change.

Areas for improvement

1. To ensure that people benefit from a culture of continuous improvement, in line with best practice, the provider should improve the quality assurance system to include as a minimum that:

- analysis and evaluation are built into the quality assurance process; and
- staff undertaking quality assurance audits receive updated training.

This is to ensure that the quality of the staffing within the service is consistent with the Health and Social Care Standards (HSCS) which states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

In order that people are supported effectively, the service should develop care plans which highlight unique positive outcomes in formats that are easy for service users to understand.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 30 August 2019.

Action taken since then

The management team had consulted with residents and implemented a "Record of achievement" record for residents. Keyworkers assisted the person they support to capture the progress they had made in achieving their chosen outcomes.

This area for improvement has been met.

Previous area for improvement 2

In order to ensure that people receive care and support which is personal to them, the staff team should ensure that:

- planned care is focused on people's main area of care and support, meaningfully evaluated and reviewed
- care reviews are used to identify future outcomes, new experiences and goals in formats understood by each individual.

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

'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); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 30 August 2019.

Action taken since then

Care plans were person-centred, detailed and contained good information. People's life histories, past interests and future wishes were reflected in the content of care plans.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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