

## Deanfield Care Home Care Home Service

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Glasgow  
G52 4ES

Telephone: 0141 883 4050

**Type of inspection:**

Unannounced

**Completed on:**

10 April 2019

**Service provided by:**

Advinia Care Homes Limited

**Service provider number:**

SP2017013002

**Service no:**

CS2017361009

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service registered with the Care Inspectorate on 19 December 2017.

Deanfield Care Home is registered to provide care and support to 50 older people. The service provider is Advinia Care Homes Limited.

The home consists of two floors accessed by stairs or lift. The ground floor unit is called Kilbride unit and has 25 places for older people who are living with dementia. There is a dining room, two lounge areas and also a relaxation room. The upstairs unit is called Montrose unit and has 25 places for frail older people. There is a dining room, two lounge areas and a multi-purpose room. To the rear of the building, there is an attractive garden which can be used by residents, relatives and staff.

The service aims are to: '...provide an excellent standard of accommodation and care which gives a feeling of homeliness whilst maintaining privacy, safety, dignity, equality and diversity. It also aims to ensure the residents' rights to be seen as a whole person, to realise their potential and maintain their independence.'

## What people told us

On the whole, people that we spoke with gave us positive feedback about the service. They liked the staff who supported them and told us that they were treated with dignity and respect. People had confidence in the management whom they described as approachable and 'human'. They described the settings as comfortable, homely and clean. Comments included:

'The only people I would leave my mum with are myself, my brother and the staff at Deanfield.'

'I visited a lot of care homes before, the standard of care here is excellent.'

'The lead nurse is very good at phoning and giving an update if anything changes.'

'I like choosing the colours in my room.'

'It's comfortable and I feel safe.'

## 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 staffing?	5 - Very 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**

People should experience warmth, kindness and compassion in how they are supported and cared for, including physical comfort when appropriate for them and those who care for them. From observations, we could see that residents were supported and cared for with love and kindness. This gave a sense of peace and calmness in the home. Staff were seen comforting anyone who appeared to be in distress. We also saw visiting families being greeted warmly by staff who clearly recognised them.

People should feel protected from harm, neglect, abuse, bullying and exploitation by staff who have a clear understanding of their responsibilities. When we spoke with staff, we were satisfied that they demonstrated a clear understanding of their role in protecting people from harm. We also saw how the service reported any adult protection issues that they were alerted to. This gave assurance that people were safe. One relative told us: 'I feel comfortable and confident mum is well looked after here, I can sleep at night.'

People should be assessed by a qualified person who involves other people and professionals, as required. Nurses were pro-active and responded quickly whenever they spotted signs of deterioration in an individual. The evident good working relations the service had with other professionals ensured that intervention to residents' needs was quick and beneficial to them.

People should be able to choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities everyday both indoors and outdoors. From our observations, we thought that the service could do more to ensure people were engaged in meaningful activities. We spoke with the manager about better use of the outside space, for example having interested residents involved in drying clothes out on a clothesline on nice days. We also asked the manager to consider maximising the use of the other sitting rooms in the home. This would enable smaller group activities and hopefully benefit those who preferred such. (See area for improvement 1)

## Areas for improvement

1. While there was good evidence of 1 to 1 activities taking place, evidence to demonstrate meaningful activity in the lounge areas was rather limited. The use of outdoor space was also limited. Attention to activities on the whole would result in people being more stimulated and in improved wellbeing.

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)

## How good is our leadership?

4 - Good

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The manager shared with us how they ensured the quality of different areas in the service. We were satisfied that systems were robust and that the service took into consideration the views of residents, relatives and staff to continuously make improvements. This led to better outcomes for residents.

If people have a concern or complaint, this should be discussed with them and acted on without negative consequences on them. The service had a clear and comprehensive complaints procedure. People we spoke with assured us that they were comfortable giving feedback and raising concerns. People felt that management was approachable, and they were confident that management would listen to them and act on their concerns.

People should be confident that the service and organisation that they use is well led and managed. The manager shared the service's continuous improvement plan. While this mentioned areas that required to improve, we thought that the service could be clearer about what actually needed to improve and also show the process of how actions had been closed. We discussed the different approaches of how this could be demonstrated.

## How good is our staff team?

5 - Very Good

People receiving support should be confident that the right people are fully informed about their past, including their health and care experience, and any impact this has on them. We thought that senior care staff took their roles and responsibilities seriously. They told us how they were constantly monitoring standards while they worked on the floor, to ensure that the expected high standards of care delivery were constantly being met.

On the first day of inspection, we attended early morning handover meetings between night and day staff. We were satisfied that these were informative and left staff fully aware of what they were expected to do in the course of their shift. This not only ensured people's needs were met, but also gave a sense of oneness in the care delivery.

Residents experienced a warm atmosphere because people have good working relationships. There appeared to be enough staff and a good skill mix to meet people's care needs. This was complimented by a team of ancillary staff who also felt very much part of the team. Staff were motivated and felt valued and supported by a knowledgeable management team.

People should be able to build a trusting relationship with the person supporting and caring for them in a way that they both feel comfortable with each other. Staff had a very good knowledge of the people that they supported. They were very highly thought of by both residents and their relatives. People we spoke with told us that they felt they could trust staff. This gave them confidence in the safety of the residents in the home.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff were motivated and told us that they received good training that equipped them for the job they did. There were platforms such as staff meetings, where staff could meet with others to share best practice and reflect on their practice.

While staff were observed to be busy with ensuring that people were well supported and cared for, we noted that sometimes opportunities to make every moment count for each resident were missed. Activities should not be seen as an event to be undertaken only by the activities coordinator.

## How good is our setting?

### 4 - Good

People should be able to use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. The environment was clean, warm, bright and pleasantly decorated. Residents looked comfortable and content in the communal areas or in their own rooms. People that we spoke with told us that they were happy at Deanfield and that they felt at home.

Although there was a range of sitting rooms of different sizes, we found that most people tended to congregate in the large sitting rooms. While respecting individual choice and preference, it was unclear how much encouragement was given to people to use the other rooms for smaller group activities.

If people experience 24 hour care, they should be connected, including access to telephone, radio, TV and the internet. Residents' bedrooms were of a good size and people could choose to add their own personal touches to personalise them. There was free internet access that residents and visitors could access. We spoke with one resident who was quite content spending most of the day in their room. Apart from enjoying their own company, they told us that they had all the comforts they needed in their room.

People should be able to independently access the parts of premises they use and the environment has been designed to promote this. We noted that there was good clear directional signage and signs on different doors such as toilets, bathrooms and dining rooms. The corridors were wide and allowed for easy access even for wheelchair users. All this helped to promote independence.

The environment should be secure and safe. The service had a secure entry door system. Other exit doors were alarmed. The service also carried out regular health and safety checks on different equipment that residents used. All this promoted people's safety.

## How well is our care and support planned?

4 - Good

A resident's personal plan (sometimes referred to as a care plan) should be right for them because it sets out how their needs will be met as well as their wishes and choices. The support plans that we looked at were well laid out and informed of different aspects of care and support that the resident experienced. The care plans were also written in a person centred way. Apart from residents, or their representatives, telling us that they had been involved in developing the care plan, we saw evidence of this involvement in the form of individual's signatures in the care plans. This was empowering and gave people a sense of control of their care and support.

People should be fully involved in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when needs change. Care plans were evaluated monthly and the care reviewed six monthly or sooner if required. This meant that the care delivered was always the most relevant to the current needs of the resident.

If someone goes missing, staff should take urgent action, including looking for them and liaising with the police and other agencies and people who are important to them. Where it was assessed, deemed necessary and agreed with the individual or their representative, the service had a missing persons procedure linked to the police. This promoted the person's safety and meant that if they ever went missing, they were found quickly and brought back home quickly.

The service was currently implementing new risk assessment documentation, and assessing how user-friendly it will be. We will look at this at the next inspection.

## 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

While there was good evidence of 1 to 1 activities taking place, evidence to demonstrate meaningful activity in the lounge areas was rather limited. The use of outdoor space was also limited. Attention to activities on the whole would result in people being more stimulated and in improved wellbeing.

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)

**This area for improvement was made on 20 December 2018.**

**Action taken since then**

There had been some improvement in the way 1 to 1 activities were delivered. While we felt that the use of outdoor space was still limited, we noted that the service had put some plans in place to improve on this. A second activities coordinator had been taken on and the plan was to have all seven days of the week covered by a dedicated activities worker but also have care staff engaging with residents in a meaningful way throughout the day. We were satisfied that these plans would continue to be implemented.

This area for improvement will continue. See How well do we support people's wellbeing?

**Previous area for improvement 2**

We made this area for improvement following a complaint investigation.

The service should ensure that all information relevant to the service user's medical conditions including signs and symptoms that may highlight health decline is recorded and staff interventions to ensure consistency in approach

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

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)

**This area for improvement was made on 11 February 2019.**

**Action taken since then**

Care planning documentation had improved and from the ones we sampled we could see that this area for improvement had been met.

**Previous area for improvement 3**

We made this area for improvement following a complaint investigation.

The service should ensure that valuables being brought into the care home are fully recorded on the appropriate documentation and staff are aware of these being on my person. Staff should also ensure they report any missing items when they have been made aware of this.

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

I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities. (HSCS 3.20)

**This area for improvement was made on 11 February 2019.**

**Action taken since then**

The service had inventories for any valuables brought into the service. We were satisfied that this area for improvement had been met.

## Complaints

There had been one complaint upheld since the last inspection. Please see the section - What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	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?	5 - Very Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	5 - Very Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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