

Queens View Harbour Luxury Suites Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 August 2022

Service provided by:
QVH Care Limited

Service provider number:
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Service no:
CS2021000138

About the service

Queens View Harbour Luxury Suites is a care home for older people situated near the centre of Troon, close to local transport links, shops and community services. The service provides nursing and residential care for up to 56 people.

The modern and purpose-built home is laid out over three floors. The ground floor provides a variety of communal facilities, including a cafe, bar, hairdresser, family dining room and sleepover room for visitors. People can also access a very well designed and interesting garden space from there.

The two upper floors are divided into four small units, although people can move as freely as possible between them. This offers people a variety of lounges, balconies and dining rooms, of which many offer views across the Firth of Clyde and the Isle of Arran. Each bedroom has an en suite toilet and shower.

About the inspection

This was an unannounced inspection which took place between 23 and 26 August 2022. 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 10 people using the service and six of their family
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The home had a strong culture of person-centred care that made people feel valued and promoted their choices and abilities.
- The home was well designed and contained a variety of useful facilities.
- Staffing assessment and planning were evidence-based and focussed on achieving good outcomes for people.
- The home kept people well connected to their loved ones during the pandemic by enabling safe visiting and by using technology.
- Very good infection prevention and control practice helped to keep people safe and healthy.
- Leaders promoted clear values and good practice by being very involved in people's daily care.
- Effective quality assurance processes supported the high standard of care.

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
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very 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?

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.

People experienced respectful, attentive and compassionate care that made them feel valued and included. A resident said "I never regretted my choice to come here. Staff are always friendly and nothing is ever too much for them".

We observed that staff created a friendly atmosphere with a relaxed pace and familiar routines. Staff knew each resident well. People were encouraged to make choices and to maintain their abilities and independence. This helped people to feel at ease and to maintain their sense of individuality. A relative told us "The service is first class, person-centred and loving. The activities are great".

Staff used their knowledge of people's individual skills, abilities and interests to engage people in activities that were meaningful to them. The service's wellbeing coordinators were very skilled in engaging people living with dementia in activities that gave them a sense of joy and achievement.

People and their families enjoyed very good relationships with the staff and management team. The service clearly promoted a culture of inclusion and partnership. Families felt well informed and told us that staff were proactive in telling them about their loved one's wellbeing and events in the home. A relative said "They keep my husband included although he can't engage much. And I feel always welcome and included as well".

Staff carried out regular and robust assessments to support people's health and wellbeing. People's care plans showed that the home worked well with external health professionals whenever people needed additional assessments or specialist advice. A relative told us "They made various referrals to external professionals who all visited the home".

Mealtimes were well organised and encouraged people to use their own abilities whilst ensuring that gentle support was at hand when needed. Staff enabled people to make choices and individual alternatives were provided on request. Drinks and snacks were available to people between mealtimes. We observed that people enjoyed their meals in a friendly, unhurried and relaxed community atmosphere. People we spoke to had mixed views about the quality and variety of the food. However, people who wanted to see improvements felt confident that they could discuss this with the chef and the manager.

People were enabled to stay connected to their families and friends. This supported people's mental wellbeing and their sense of belonging. Families told us that visiting was well managed and never a problem. People also appreciated that the home organised events where people could come together. A relative said "The recent summer party was a great success. We really enjoyed it". Technology was also available to keep people in touch with family and friends who lived far away or were not able to visit.

Bedrooms and communal areas were clean, tidy and well maintained. The very good state of cleanliness was supported by robust cleaning procedures and quality assurance. Staff were competent and aware of the risks of infection. We saw that staff practice followed current guidance for infection prevention and control. This helped to keep people safe and healthy.

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.

The service had effective quality assurance processes in place to ensure consistently good standards of practice. The very motivated leadership team had clear and up to date knowledge of how the service performed and how this affected people's outcomes. The provider's external management and quality assurance systems provided additional support.

Managers transferred quality assurance outcomes into an ongoing service improvement plan. This was good practice and promoted sustainability of improvements and accountability. We encouraged the leadership team to further improve this by ensuring that they always clearly define how they will measure individual improvement actions.

The leadership team led by example and used their experience and skills to model good practice. Managers were visible, regularly observed practice and provided feedback to staff. Staff at all levels and in all departments demonstrated a sense of responsibility and accountability. This promoted an open and confident culture that focussed on achieving good outcomes for people. Staff told us that leaders had clear expectations but that they were also very supportive and accessible.

People we spoke to had a sense of involvement in the service. Regular meetings and the approachable and responsive management culture promoted this. Staff, residents and families felt that their feedback, wishes or concerns were listened to. This supportive culture helped to support good outcomes for people and made them confident that managers would take effective action when something went wrong.

The number of accidents or incidents in the home was low, but we could see that the standard of recording was good. The records included assessments of what happened and planned actions to minimise the risk of future accidents. This showed that the service used a robust system to learn from things that went wrong and to drive improvement.

How good is our staff team?**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.

People we spoke to were happy with the conduct of staff and the skills they demonstrated in their individual roles. Most of the feedback we gathered supported the view that staffing levels were right and sufficient to achieve good outcomes for people. A family member told us "I come in very often and at various times of the day. Visiting has never been a problem and I find that staffing levels are high". Care we observed was unhurried and patient. Staff took time to speak to people who felt anxious or to have a brief chat. This helped people to feel safe and included.

Staff felt clear about their responsibilities and competent in their roles. New staff members felt supported and valued. The leadership team actively promoted a culture of teamwork. This helped staff to cope with their often complex, busy and challenging jobs and supported a safe and person-centred culture of care.

It was positive to see that managers used an evidence-based approach to regularly assesses and plan staffing numbers and deployment.

Managers recently enhanced this approach by clearly defining the various measures that will be considered to establish if staffing levels, skill mix and deployment are right for people. These measures included people's feedback, quality assurance outcomes, needs assessments and care reviews. This approach supported a dynamic and flexible approach to staffing that focussed on achieving good outcomes for people.

How good is our setting?

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.

People benefitted from a well-designed, modern but also homely and welcoming building. The location and design of the building promoted a sense of connectedness to the local community. Many rooms, most communal spaces and the garden had interesting views across the local harbour and the Firth of Clyde. The inviting and well-maintained garden also faced outwards and enhanced the feeling of being connected to life around the care home. People living in the home gave us various examples of how the building and facilities supported good outcomes for them. A resident said "I am sitting in this small lounge every morning to read my newspaper and do a crossword. It's nice and calm and when I look to my left I see the marina, when I look straight ahead I can see all the way across the bay. I really enjoy it".

The design of the home provided a range of communal facilities which promoted choices and wellbeing. This included the garden, a hairdresser, a cafe area, a bar, and a family dining room on the ground floor. A bedroom for visitors was available and could be used by relatives who wanted to stay with a resident who was very unwell. People's bedrooms were on the first and second floor. Each floor was divided into two smaller units, which enabled small community living. However, people could move freely between them and choose their preferred lounge or dining room.

Most residents and visitors we spoke to were very happy with the building, their rooms and the communal facilities. However, some people said that free movement inside the building could be further improved and that there were too many doors secured by keypads. We discussed this with the manager who appreciated people's feedback and explained that the building was still very new and some adaptations might still be necessary to ensure that it worked well for all people.

People's safety and sense of wellbeing were supported by a high standard of cleanliness throughout the building. Support departments, including the laundry and domestic services rooms were well equipped and functional.

The home had very well-organised systems and processes in place to ensure regular maintenance and safety checks for the building. This helped to ensure that people could enjoy living in a comfortable, functional and safe building.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The service carried out detailed pre-admission assessments. This information was used to establish regularly updated, care plans and risk assessments. This supported people's health and wellbeing and helped staff to get to know each resident well.

Clearly formulated personal outcomes help to ensure that assessments and plans are focussed on people's abilities, wishes and aspirations. We found that most care plans did not include personal outcomes that were important to people and instead contained more general aims and goals (see area for improvement 1). The provider planned to transfer the current paper-based care plans to a new electronic system and aimed to improve some of the content as part of this project.

We explained to managers that improvement work on the care plans should also include the way regular care plan evaluations are carried out and documented. We found that the content of care plan evaluations was often limited and repetitive. This meant that there was no clear evidence that care plans were meaningfully evaluated to establish if they achieved good outcomes or not (see area for improvement 1).

We saw that anticipatory care plans were in place to ensure that palliative and end of life care was provided in line with people's wishes. This showed that people and their families were involved in making anticipatory decisions about the care and treatment they wished to receive if they became very ill.

People told us that they had a high degree of involvement into their or their relative's care plans. A relative said "I am very involved in my mum's care plans. This started at the pre-admission stage and on the day of the admission we spent several hours completing the care plans. Since then it was updated several times. I have copies of the care plan and know when and why it was updated. After that we had reviews and more are planned".

Areas for improvement

1. To support people to experience consistently good outcomes the provider should improve people's personal plans.

This should include, but not be limited to, care plans including well formulated personal outcomes and regular meaningful evaluations which clearly establish if these outcomes were met or not.

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

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?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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