

Rutherglen Care Home Care Home Service

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Rutherglen
Glasgow
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Telephone: 0141 647 8899

Type of inspection:

Unannounced

Completed on:

7 June 2019

Service provided by:

Advinia Care Homes Limited

Service provider number:

SP2017013002

Service no:

CS2017361020

About the service

Rutherglen Care Home is located in the Rutherglen area of Glasgow in a residential area. The provider of the service is Advinia Care Homes Limited.

The care home is registered to provide a care service to a maximum of 225 older people, of whom 95 may have dementia and a further 10 may have a mental health support need. At the time of the inspection 142 people were using the service.

Each of the units had communal lounge/dining space, conservatory area and some themed rooms, such as "relaxation room" or "pampering room". All had communal bathrooms and toilets as the bedrooms do not have en-suite toilets. All of the bedrooms were single rooms, some of which had hand washbasins.

What people told us

We received a total of 12 questionnaires as part of our inspection of the service. These were completed by people who use the service and/or their relatives. On reviewing these questionnaires we found that 100% of responders completing the questionnaire were overall happy with the quality of the service provided.

People who chose to leave comments told us:-

"[Relative] has settled in very well and flourished with the care and support she has been given."
"Sometimes short-staffed."

"My [relative's] physical and mental condition has improved since she came to [Rutherglen] after four months in [hospitals]."

"Staff are very professional and caring, showing compassion truly and efficiently at all times. They are always available to answer any concerns you may have at any time."

"For the first four months of my relative's stay there was no activities coordinator in place. I was disappointed by this. I felt residents were missing out on stimulation. Since December this has changed. Coordinator in place and things have improved. As for consistency I'm not sure!"

Where some issues had been raised in questionnaires these were discussed with the management team during inspection. We found that although comments were positive some people we spoke to during the inspection were critical about aspects of the quality of care provided by the service. Areas related to these comments for the service to improve upon have been identified in this report.

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?	3 - Adequate
How good is our leadership?	3 - Adequate

How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

How well do we support people's wellbeing?

3 - Adequate

Residents should experience people speaking and listening to them in a way that is courteous and respectful, with their care and support being the main focus of people's attention. We saw some good, dignified and respectful interactions between staff and residents which indicated staff had a good knowledge of people's needs and had developed appropriate relationships with them. However, we found in some units the staff morning briefings were being held in communal areas. In these meetings individual residents were discussed in detail to inform staff of how they had been during the previous shift. Although we understand units have to be monitored, to reduce the risk of people's confidentiality and dignity being compromised these meetings should not be held in communal areas where they can be overheard by residents.

Although the interactions with staff were good, we found across the units there was not enough meaningful activity and stimulation. We found that in most units access to the garden areas was restricted. Recorded observations carried out by inspectors within a standardised framework evidenced that there were significant periods of time that staff were not interacting with people. People were left in lounge areas in front of televisions and radios, some were withdrawn or watching passively, a few were sleeping. Although residents cannot have constant engagement with staff it was apparent that the level of engagement could be a lot better.

People should also be able to engage in meaningful activity in line with their wishes and preferences. We found the recording of activity to be insufficient and indicated, on the face of it, that people were doing very little most of the time.

(See requirement 1)

We found that the variety of food available was limited, this was evidenced in conversations with staff, residents and in the homes replies to their own questionnaires. The service should ensure that all residents have a healthy and reasonably wide range of foods available to them, even if they have a restricted diet.

(See area for improvement 1)

People's care and support should meet their needs and should be right for them. We saw that people's basic clinical needs were being met but their social care needs were being only partially met. We found that residents needed to be more mobile and have an improved level of activity. We found good evidence of input from outside professionals to ensure people's needs were being met. However, care plans we sampled did not have sufficient, individualised information about peoples experience of their conditions and how they could be best supported. In care plans information should be relevant, personalised, non-repetitive and outcome focused. We do recognise there has been a change in provider but we now expect a significant improvement in care consistency across the units. The clinical leads should be on the same page with regard to the quality of recording and level of care provided in each unit. This ensures there is a consistent approach to care planning.

We found there were gaps in recordings, such as oral care, topical medications and diet supplements. It was also unclear how often people were getting baths/showers, it appeared to be once weekly, although residents appeared to be well presented if they wish or prefer to have showers/baths more often than the home should accommodate this.

We did see, however, some good recording, but this was not across all the units in the home. We felt this was predominantly due to the care planning approach. If care plans accurately reflect peoples' needs this can also reduce people's level of distress. We have made an overarching requirement under section 5 of this report to address the concerns identified in the service's care planning approach and its documentation.

Requirements

1. The provider must ensure that people are stimulated and can engage in meaningful activity that is clearly evidenced and regularly evaluated to maintain their health and wellbeing.

This is to ensure care and support is consistent with Health and Social Care Standards 1.25 which states I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, bot indoors and outdoors; and in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a) make proper provision for the health, welfare and safety of service users.

Timescale: To be completed by 31 December 2019.

Areas for improvement

1. The service should ensure that there is a wide range of good quality food provided to all residents even when diets are restricted.

This is to ensure care and support is consistent with The Health and Social Care Standards; Standard 1.33 which states I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

How good is our leadership?

3 - Adequate

People should use services and organisations that are well led and managed. On speaking to staff during inspection the overall feedback was positive around how staff were managed and supported. Where advice was needed senior staff were available to provide it at any time. However, on review we found that the audit process continued to be lacking in follow up. Issues were being identified by the management team but we could not follow through to see if any related actions had been taken and whether they were effective. The previous recommendation regarding the audit process is therefore going to be repeated under this key question. (See area for improvement 1)

Areas for improvement

1. Audits should be developed to help demonstrate how the service has taken action to address areas for development and improve outcomes.

This is to ensure care and support is consistent with The Health and Social Care Standards; Standard 4.19, which states I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

How good is our staff team?

3 - Adequate

Although during the inspection we found that staff generally were of a good quality there was evidence provided through staff interview, inspection questionnaires and practice witnessed in the units during inspection that raised concerns. This only applied to some of the units within the home however it is something that the home needs to look into with regard to staffing levels. We saw people getting up for breakfast late and staying seated for lunch a short while after. Staff told us when we spoke to them, they could get basic things done but had no time to meaningfully engage with residents. This meant residents could be sat for some time with very little interaction. The service must ensure its dependency assessment considers the need for staff to engage meaningfully with the residents outside their basic care needs. This type of interaction benefits people's health, emotional wellbeing and their overall quality of life. We have therefore made a requirement in this regard. (See requirement 1)

We reviewed a sample of staff supervision records and found them to lack detail and actions around staff development. Although we could see these meetings were taking place regularly the home needs to improve the quality of them in line with the previous area for improvement. It is therefore restated in this report. (See area for improvement 1)

Requirements

1. The provider must review its dependency assessment and ensure there are sufficient numbers of staff on duty in all units to meet people's health and emotional wellbeing needs.

This is to ensure care and support is consistent with Health and Social Care Standards 3.15 which states my needs are met by the right number of people; and; 3.16 which states People have time to support and care for me and speak with me, and in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a) - ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Timescale: To be completed by 31 December 2019.

Areas for improvement

1. Staff supervisions should be developed further to include areas of development for staff to work towards.

This is to ensure that care and support is consistent with The Health and Social Care Standards; Standard 3.14 which states 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.

How good is our setting?

3 - Adequate

During inspection we accepted that the home had plans to improve areas within each of the units. We saw email evidence that the provider is planning to carry out a refurbishment of elements of the home over the next twelve months. This is a key area of improvement. This has been graded as adequate because there are already plans in place to improve and we expect this to be carried out on schedule.

People should experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. We found that cleaning responsibilities for various areas of the units should be clearer. Staff were sometimes unsure who had responsibility to clean what. This should be done consistently across all areas of the home to ensure that all areas are clean. We identified, when carrying out environmental checks within the units, that there were some concerns with cleanliness. (See area for improvement 1)

The premises in which people live should be adapted, equipped and furnished to meet their needs and wishes. We found the signage within the units to be very basic although there were clocks and blackboards within the units displaying time, day and date the boards could be more prominently displayed. It is also important that over and above the signs on doors currently provided that directional signage is used to indicate clearly to residents where areas such as, but not limited to, toilets, dining rooms, lounge areas and nursing stations are. (See area for improvement 2)

Areas for improvement

1. Areas within units identified as requiring improvement should be addressed, namely wall tiles, shower curtains and inappropriate storage in bathrooms. Measures should also be taken to ensure the home is in a clean and tidy state and is presented as a homely environment at all times.

This is to ensure the environment is consistent with The Health and Social Care Standards Standard 5.22 which states I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

2. The environment should be improved upon to enable people to orientate themselves around the units and to remind them of the date and time.

This is to ensure the environment is consistent with The Health and Social Care Standards Standard 5.16 which states The premises have been adapted, equipped and furnished to meet my needs and wishes.

How well is our care and support planned?

3 - Adequate

A person'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. We found there was room for significant improvements in the care planning within the home. There was inconsistent recording across the home, in some units there were some good detail in the plans in other units very little. Staff we spoke to during the inspection informed us they felt the new plans were cumbersome, repetitive and took a lot of time out of their day. The home should ensure that care plans are succinct but detailed, personalised, outcome focused and properly evaluated and updated to meet all areas of people's care. We found this to be particularly the case with regards to continence care, stress and distress and the management of behaviours that challenge.

In the spirit of promoting independence plans should be clear about what people can do for themselves and what supports people need. Given the level of complex needs in the home the support environment should be therapeutic and more consideration given for what is going on around the person, for the person and with the

person. Care plan reviews should reflect what has improved or declined for each resident and what actions need to be taken in future for the person. People supported and/or their relatives should be fully involved in the review process and this should be clearly evidenced through appropriate sign off. The service should also ensure that where permission is needed for such interventions as bed rails or any other similar supports that there is evidence of agreement from the person or their representative.

(See requirement 1)

Requirements

1. The provider must ensure that each person using the service has a detailed personal plan.

To comply the provider must:

(a) Ensure that personal plans are written in a personalised, outcome focused manner and have sufficient, legible detail in them to ensure people's support needs are met.

(b) Ensure that plans are reviewed as needs change or as a minimum on a six monthly basis.

This is to ensure care and support is consistent with Health and Social Care Standards: 1.15 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. 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me, and in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 - a requirement for a plan of care.

Timescale: To be completed by 31 December 2019.

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 should be developed and improved upon to fully reflect the needs and preferences of residents. This should include but not be limited to the management of stressed and distressed behaviours and all activities that may be affected by this. In doing so, monthly updates should be improved upon to provide an overview of the person and professional language used within daily notes.

This ensures care and support is consistent with the Health and Social Care Standards, 1.15 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" and 3.14 "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".

This area for improvement was made on 14 August 2018.

Action taken since then

We found the quality of care plans throughout the home to be inconsistent. This area of improvement was not met and a requirement has been made accordingly in this report.

Previous area for improvement 2

To ensure that people are supported with their medication needs, the provider should ensure that the recording of Medication Administration Records (MAR) are legible and can be clearly followed. Records should also be improved upon to make sure they more accurately reflect the reason and outcome of administering "as required" medications.

This ensures care and support is consistent with the Health and Social Care Standards, 1.19 which states "My care and support meets my needs and is right for me".

This area for improvement was made on 14 August 2018.

Action taken since then

We reviewed medication records as part of our inspection. We found only minor errors in recording and have therefore met this area for improvement.

Previous area for improvement 3

Areas within units identified as requiring improvement should be addressed, namely wall tiles, shower curtains and inappropriate storage in bathrooms. The improvement plan of the service should be developed further in order to clearly identify how the service aims to improve the environment and the timescales in which they aim to achieve this. Actions following any environmental assessments should also clearly identify the proposed actions as to how to improve the environment.

This is in order to comply with: The Health and Social Care Standards Standard 5.18. My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

This area for improvement was made on 14 August 2018.

Action taken since then

We found the service had some significant way to go to meet this area for improvement. This area for improvement has been rewritten and restated in this report.

Previous area for improvement 4

The environment should be improved upon to enable people to orientate themselves around the units and to remind them of the date and time.

This is in order to comply with: The Health and Social Care Standards Standard 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

This area for improvement was made on 14 August 2018.

Action taken since then

We found the service still had some significant way to go to meet this area for improvement. This area for improvement has been restated in this report.

Previous area for improvement 5

Staff supervisions should be developed further to include areas of development for staff to work towards.

This is in order to comply with: The Health and Social Care Standards; Standard 3.14. 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.

This area for improvement was made on 14 August 2018.

Action taken since then

We found supervision records lacked information around staff development and we have restated this area for improvement in this report.

Previous area for improvement 6

Audits should be developed to help demonstrate how the service has taken action to address areas for development and improve outcomes.

This is in order to comply with: The Health and Social Care Standards; Standard 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 14 August 2018.

Action taken since then

We found that audits were not robust and there was little evidence of actions followed up. This area for improvement has been restated in this report.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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