Crossmyloof Resource Centre
Care Home Service

80 Titwood Road
Shawlands
Glasgow
G41 2DJ

Telephone: 0141 276 8498

Type of inspection: Unannounced
Inspection completed on: 8 August 2016

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Care service number:
CS2003001028
About the service

Crossmyloof is a two storey care home which provides care and support for 46 older people. The home is divided into four units, each with its own staff team. The home has a pleasant garden area which is accessible for residents and their families. The home offers single room accommodation for residents and a variety of homely sitting and dining rooms.

What people told us

We spoke to several of the residents on a one to one basis and in small groups. Residents told us that they were happy with the care and the staff.

We spent time observing interactions between residents and staff. We saw that the staff approach to residents was caring, polite and respectful. Residents’ comments included:

“I’m happy here, the staff are nice.”
“I like the food, there is plenty of choice.”
“I have no complaints - I’m quite comfortable and happy here.”

Further information about our observations regarding residents’ care and support is detailed throughout the report.

We spoke to visitors and relatives of residents. They told us that they were happy with the care their relatives received. Comments included:

“The staff work very hard, they seem to be good at their jobs.”
“I’m always made to feel welcome when I visit.”
“The staff are nice and friendly.”
“My relative seems content and well looked after.”
“Staff are good at keeping me up to date with how my relative is.”

Self assessment

We received a completed self assessment document from the service provider. The service had provided us with relevant information for each of the headings that we grade them under.

The service identified what they thought they did well, some areas for development and any changes they planned.

From this inspection we graded this service as:

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<tr>
<th>Category</th>
<th>Grade</th>
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<tr>
<td>Quality of care and support</td>
<td>3 - Adequate</td>
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<td>Quality of environment</td>
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<td>Quality of staffing</td>
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<td>Quality of management and leadership</td>
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Quality of care and support

Findings from the inspection

Staff we spoke with demonstrated a good knowledge of local community healthcare links and we noted that advice from visiting healthcare professionals was being followed.

We saw that mealtimes were well managed and that residents enjoyed their meals in a pleasant social atmosphere. People we spoke with commented positively about the menus and the snacks and drinks available.

During the inspection visit, we saw evidence that the service arranged outings and events for residents. Residents commented positively about having the opportunity to go out on trips. We saw that while the outings were taking place for some residents those that remained in the home had little to occupy them. We observed that some staff were better than others at spending time with residents; we observed that at times there was little in the way of conversation between staff and residents. There was a need for staff to improve their skills regarding communicating with residents and facilitating activities on a day to day basis. This would be best addressed through specific training. This is further detailed in Quality of staffing in this report.

At the previous inspection, we made a requirement regarding improving the content of residents' personal plans. We looked at personal plans for several residents. We saw that aspects of the requirement had been addressed including development with the information about the individual’s preferences and information about their life before coming into care. We continued to see a need to ensure that risk assessments were being kept up to date and the outcomes being used to inform care planning. There was a continued need for staff to ensure documents were signed and dated. Aspects of personal plans continue to need to be developed to fully reflect how care and support needs are being managed; this is with specific reference to the management of stress and distress reactions of those residents living with dementia. This issue will continue to be the subject of a requirement. (See requirement 1)

We saw improvement regarding the management of medication prescribed to be administered ‘as required’. We saw that there were some issues regarding general medication management and these will be the subject of a recommendation. (See recommendation 1)

Requirements

Number of requirements: 1

1. The service provider must ensure that residents’ personal plans set out how the health, welfare and safety needs of the individual are to be met.

In order to do this the service must ensure that the personal plans:

- accurately reflect all the current needs of individuals. This is with specific reference to the management of stress and distress reactions of residents living with dementia

- further develop the information about care and support interventions to fully reflect the care being provided

- include information about care and support that is up to date and regularly evaluated

- risk assessment tools are kept up to date
- utilise the outcome of the risk assessment tools to their full potential to inform care planning
- reflect a person centred approach and are developed in line with National Care Standards
- include details about individuals’ preferences over all aspects of care and support.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 5(1).

Timescale - The provider must meet this requirement within four months of receipt of this report.

Recommendations

**Number of recommendations:** 1

1. The service provider should ensure that medication records accurately demonstrate that medication is being managed safely and in line with best practice guidance. In order to do this, the service should ensure the following:

- all medication is available at time of administration
- protocols to guide staff with the use of medication are signed and dated
- consistently monitor the outcome of the administration of the medication prescribed as “when required”.

National Care Standards for Care Homes for Older People

Standard 5 - Management and staffing arrangements
Standard 6 - Support arrangements
Standard 14 - Keeping well - healthcare
Standard 15 - Keeping well - medication

**Grade:** 3 - adequate

Quality of environment

Findings from the inspection

We found the home was welcoming and friendly. Visitors we spoke with commented positively about the friendly welcome they received when they visited.

We saw that the home was clean and tidy, both residents and relatives we spoke with commented about the cleanliness of the home and how important that was to them.
We looked at the systems in place to ensure the safety of the environment and the equipment used to support residents. We saw that records were up to date and appropriate systems were in place to monitor safety and cleanliness.

We noted that there had been some upgrading to the décor of one of the units and to some bedrooms. There was a number of areas within the home which needed redecoration and flooring and furniture that needed replacement. The management team detailed that work was to commence to address these issues. We will monitor progress with this at the next inspection.

The service could benefit from completion of The Kings Fund audit tool to determine how the environment could be improved to enhance the lives of residents living with dementia.

We noted that there was a plentiful supply of Personal Protective Equipment (PPE) such as gloves and aprons for staff to use. We observed that some staff did not adhere to best practice regarding prevention of infection and use of PPE. This issue will be the subject of a recommendation. (See recommendation 1)

We saw that accidents and incidents were being recorded. Some attention was needed to ensure that full records are maintained of actions taken post event; this includes contacting next of kin, date of event and updating risk assessments.

We saw that there was a need to progress with a monthly overview of accidents and incidents to identify patterns and trends and the actions needed to manage risks. These issues will be the subject of a recommendation. (See recommendation 2)

There were some items of equipment in use to manage residents’ safety. This equipment can be viewed as restraining and services should follow best practice guidance regarding its use. There was a need for an improvement regarding the documentation detailing discussions, decisions and consent for use of equipment that may be seen as restraining. This will be the subject of a recommendation. (See recommendation 3)

**Requirements**

**Number of requirements:** 0

**Recommendations**

**Number of recommendations:** 3

1. The service provider should ensure that staff receive training regarding the control of infection. This should include the correct use of personal protective equipment and the disposal of soiled continence aids.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing.

2. The service provider should progress with carrying out a monthly analysis of accidents and incidents within the home. This should include ensuring that follow up actions are completed and analysing events for patterns and trends.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing and Standard 9 - Feeling safe and secure.
3. The service provider should ensure that records are kept to document the assessment and consent for the use of equipment which may restrain. This should be completed in line with best practice guidance from the Mental Welfare Commission for Scotland - Rights, Risks and Limits to Freedom.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing and Standard 9 - Feeling safe and secure.

**Grade:** 3 - adequate

**Quality of staffing**

**Findings from the inspection**

We saw that staff were knowledgeable about the care and support needs of residents. Staff demonstrated care and kindness in their approach to residents.

We were told by the management team that there was to be an increase in staff levels within the home and that there was ongoing recruitment to fill the posts.

There was a training plan in place and a new system to record and track training records was being introduced. We will monitor progress with this at the next inspection.

Staff could tell us about the training they had received and commented that they found the training available to be useful to their role.

The home had embarked on the Promoting Excellence Framework for dementia learning and development. This training aims to enhance the skills of staff regarding the management of care for people living with dementia. We will monitor the progress and impact of this programme of training at the next inspection.

The service was re-visiting the induction programme for all staff to refresh their knowledge of the provider’s key policies and procedures.

The management team was progressing with re-establishing the staff supervision schedule. It is important that staff have access to regular supervision which helps to evaluate practice and plan training and development. We will monitor progress with this at the next inspection.

The service has a high level of staff who had achieved an SVQ qualification in care. All staff were registered with the Scottish Social Services Council.

**Requirements**

**Number of requirements:** 0
Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We spoke with people who used the service and staff who commented positively about how accessible the manager was to discuss concerns and service provision.

The management team was aware of its duty to notify the Care Inspectorate of serious issues involving people who use the service and staff.

We saw that comments and suggestions from people using the service had been responded to. Information was on display in each unit in the form of 'You said, we did' notices.

The provider had a system of audits to assess and monitor the quality of the service. This included auditing the quality of record keeping, analysing accidents and incidents for patterns and trends and the management of medication within the home.

We noted that the service had completed some of the audits and had identified issues regarding the delivery of aspects of the service at Crossmyloof. However, the outcomes of audits and the issues identified had not been used to inform action plans to address the issues. During the inspection visit, we identified a continued need for improvement of personal plans, elements of medication management, analysing accidents and incidents for patterns and trends and record keeping around the use of equipment that may be restraining. These issues are detailed in Quality of care and support and Quality of environment in this report.

The need to fully implement a robust quality assurance system to plan development and improvement of the service will be the subject of a continued recommendation. (See recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should ensure that the quality of service is assessed, monitored and improved by fully implementing a robust quality assurance system which includes the following,

- Use of internal audits to check key areas to ensure that policies and procedures are being followed, this should include but not be restricted to medication management, monitoring and assessment of risks, analysis of accidents and the quality of personal plans
- That any issues found through the audit process are highlighted and an action plan made with timescales for any actions required taken to address those issues.

National Care Standards for Care Homes for Older People: Standard 5 - Management and staffing arrangements.

**Grade:** 3 - adequate

### What the service has done to meet any requirements we made at or since the last inspection

#### Previous requirements

**Requirement 1**

To protect the health, welfare and safety needs of residents the service provider must ensure that medication is managed and administered safely and in line with best practice guidance.

In order to do this, the service must ensure the following:

- there is a complete, accurate and consistent auditable record of all prescribed medicines entering, administered or destroyed, and leaving the service

- the audit trail and stock control should be enhanced by recording on the MAR the amount of medication carried forward to the start of each new cycle

- any handwritten entry is completed in line with best practice guidance

- that protocols are developed to guide staff with the use of medication that is prescribed on a "when required" basis

- monitor the outcome of the administration of the medication prescribed as "when required"

- that staff receive training to ensure that resident’s medication is being managed and administered safely and in line with best practice guidance.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a).

**This requirement was made on 1 September 2015.**

**Action taken on previous requirement**

We looked at medication records and personal plans for residents receiving medication on an ‘as required’ basis.

We saw improvement regarding the management of medication prescribed to be administered ‘as required’. This requirement is met.

**Met - outwith timescales**
Requirement 2

The service provider must ensure that residents’ personal plans set out how the health, welfare and safety needs of the individual are to be met.

In order to do this, the service must ensure that the personal plans:

- are developed within 28 days of the date the service user first received the service and set out how the service user’s health, welfare and safety needs are to be met
- accurately reflect all the current needs of individuals
- include information about care and support interventions and are developed to fully reflect the care being provided
- include information about care and support that is up to date and regularly evaluated
- contain risk assessment tools that are kept up to date
- utilise the outcome of the risk assessment tools to their full potential to inform care planning
- reflect a person centred approach and are developed in line with National Care Standards
- include details about individuals’ preferences over all aspects of care and support.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 5(1).

This requirement was made on 1 September 2015.

Action taken on previous requirement
We looked at personal plans for several residents. We saw that aspects of the requirement have been addressed including development with the information about the individual’s preferences and information about their life before coming into care. There was a continued need to address the remainder of the requirement. A requirement regarding the development of personal plans will continue in this report. See Quality of care and support, requirement 1.

Not met
Previous recommendations

Recommendation 1

The service provider should ensure that staff are made aware of the need to manage information about residents in a confidential manner.

This recommendation was made on 1 September 2015.

Action taken on previous recommendation

We saw that staff managed documentation about residents in a confidential manner. We noted that staff made telephone calls about residents in an area that offered more confidentiality.

This recommendation had been implemented.

Recommendation 2

The service provider should ensure that the quality of service is assessed, monitored and improved by fully implementing a robust quality assurance system which includes the following:

- use of internal audits to check key areas to ensure that policies and procedures are being followed, this should include but not be restricted to medication management, monitoring and assessment of risks, analysis of accidents and the quality of personal plans

- that any issues found through the audit process are highlighted and an action plan made with timescales for any actions required taken to address those issues.

This recommendation was made on 1 September 2015.

Action taken on previous recommendation

We saw that the service had started to implement audits of medication and personal plans. However, we noted that the outcome of the audits did not consistently inform action plans to address issues identified. We continued to note the need to develop aspects of residents’ personal plans despite a schedule of auditing of this documentation.

This recommendation is not implemented and there is a continued need for the service to ensure that the quality of service is assessed, monitored and improved by fully implementing a robust quality assurance system.

We will continue this recommendation in this report and monitor progress at the next inspection. See recommendation 1 detailed in Quality of management and leadership.
Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

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<th>Type</th>
<th>Gradings</th>
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Tha am foilseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nì thuair iarrtas.

अनुरोध सापेक्ष इस प्रकाशन को अन्य फ़र्मेट एंड अन्य भाषा में पााए या।

پیشواسترز کری خواست که پژوهش و گزارش‌هایی در زبان‌های مختلف به آسان شوند.

[pos. 18] इसे हिंदी पुस्तक तथा कई अन्य भाषाओं में लिखी गई स्थिरक्षण करे।

هذه الوثيقة متوفرة بلغات ونمادات أخرى عند الطلب

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