

Riddrie House Care Home Service

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Riddrie
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Type of inspection: Unannounced
Inspection completed on: 6 July 2017

Service provided by:
Partnerships in Care Scotland Ltd

Service provider number:
SP2008009728

Care service number:
CS2015337316

About the service

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Riddrie House is registered as a care home for 32 people aged 18 and over who have mental health problems. The provider is Partnerships in Care Scotland Limited.

The home was purpose-built and is situated in a residential area of Riddrie, Glasgow. It is close to shops, public transport links and other amenities. The service has access to its own mini bus. There is a small car park at the front of the building and an enclosed private garden to the rear.

Accommodation is provided over two floors with lift and stair access to the upper floor. The ground floor has 14 bedrooms, a lounge and dining room. The upper floor which is intended for rehabilitation is divided into two parts and has 18 bedrooms. Each part has a lounge and kitchen cum dining room.

All bedrooms are single with en-suite toilet and shower. Communal bathrooms are also available to people on both floors. An enclosed smoking area is available outside of the home and there is also a smoking room inside of the home.

Aims and objectives did not clearly explain the purpose of the service; as a result we have asked that aims and objectives are developed.

What people told us

We gathered feedback from 15 residents during our visit. Most people expressed that they were happy with aspects of the service and some made comment on the need to have more activities.

Self assessment

The service was not required to complete a self-assessment for this inspection.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

It was good to hear that two people had moved on to lesser supported living since our last visit. Previously we had asked that the aims and objectives make clear that recovery and rehabilitation was the purpose of the

service; we found that there was still work to be done on this. We observed some older residents who were frail and had needs associated with undiagnosed memory impairment. The different needs of people living in the home was causing a challenge to staff. (See Recommendation 1).

The last inspection had found weaknesses in the quality of information within personal plans. We were concerned to find that significant information was not in place to show how people's health and wellbeing outcomes were being met. For example: a care plan was not available for a person who was using continence products, a skin management care plan was not adequate as was a care plan for another person who had a low weight. Whilst care plans were based on recovery outcomes, these were not written in a way to be specific to the person. Information for managing a person's behaviour focused on problems, rather than the promotion of positive behaviours. Risk assessments and reviews were found to need improvement. (See Requirement 1).

We noticed a number of residents to be sitting watching television and lacking meaningful activity. Some staff recognised this and expressed a desire to be able to spend quality time with residents. We found that there was no regular group or individual activity taking place for people. Staff presented as being task focused and some practices were not always done to suit residents. For instance, in keeping with the promotion of independence and choices we had previously asked that the longstanding arrangements for set 'tea' times for residents be reviewed. We were disappointed to see that progress had not been made in this area and was impacting on outcomes for people. For example, a resident told us "I'm not feeling very well and would like a cup of tea, but it's not tea-time so I can't get one". We also noted that a response to an incident involving residents' monies had not been reviewed to take account of people's rights and choices. (See Requirement 1).

Requirements

Number of requirements: 1

1. The provider must improve the information in personal plans to show that people are being supported to have good outcomes in relation to physical and mental health. Priority must be given to care plans for the management of continence, skin and nutrition along with positive behaviour support plans and meaningful activity. In order to demonstrate this:

- (a) the quality of personal plans must be monitored as part of supervision sessions and audit processes to show that information is up to date and reflects best practice
- (b) outcomes must be written in a way to show that support is specific to the person
- (c) evaluations of care plans and risk assessments must reflect progress that a person is making or explanation as to why an area continues to be a support need
- (d) personal plans, including care plans and risk assessments must be reviewed at least once in every six month period.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 5 (1) (2) (iii) Personal Plans - a requirement to prepare a personal plan which sets out how the service user's health, welfare and safety needs are to be met; and to review personal plans at least once in every six month period whilst the service user is in receipt of the service.

Timescale: by 4 December 2017.

Recommendations

Number of recommendations: 1

1. a) The provider should review the aims and objectives to make clear the purpose of the service. This should include reference to recovery and detail on the pathway for people to move through the different stages of rehabilitation.

b) The situation of supporting people in the same environment who have different mental health needs should be reviewed with relevant key agencies to ensure that this supports best practice.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 5: Management and Staffing Arrangements.

Grade: 2 - weak

Quality of environment

Findings from the inspection

We found most of the accommodation to be well maintained, and highlighted areas of the home that could be made more homely. Staff were in the process of buying new curtains and items of furniture in order to improve the upstairs lounges. It was not clear how residents had been involved in this process. (See Recommendation 1).

Prior to the last inspection, the upper floor had been split into two parts to focus on rehabilitation and demarcation of living spaces to support people's different levels of functioning. It was disappointing to see that the upper floor was still not being utilised to its full potential and intended purpose.

Previously we had highlighted the need to review domestic arrangements in the home to determine if current resources were sufficient. We found that there had been an improvement in domestic staff for a period of time; however this had not been sustained to allow consistent cover at the weekend. The provider informed us that this would be addressed immediately.

Care staff were observed to be carrying out some domestic tasks, such as laundry work which took them away from supporting people who use the service. This was accepted by the provider as an area to be explored further.

Whilst we noticed some residents using the outside smoking area, we observed a number of people spending a lot of their time sitting in the smoking room located within the home. Consideration should be given to looking at how people are being supported around their smoking in line with health promotion and meaningful activity.

In the last inspection report we made a recommendation about repairs which included fixing the public pay phone used by residents. This had not been actioned. (See Recommendation 2).

As a result of an incident we queried how residents were supported to use keys to lock their bedroom doors and keep their personal belongings safe. This is an area that needs attention. (See Recommendation 3).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The management team need to ensure that residents are involved in making choices and decisions that relate to their accommodation. This should be monitored as part of quality checks on meaningful participation.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 4: Your Environment and Standard 7: Making Choices.

2. The system for repairs should be made more effective to ensure that work takes place without unnecessary delay. When there is a delay in repairs the reason for this should be made clear to people and alternative arrangements provided until repair work is completed.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 4: Your Environment and Standard 16: Private Life.

3. Care plans should be put in place to show how staff are supporting residents to use keys to lock their bedroom doors and keep their personal belongings safe.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 6: Support Arrangements and Standard 16: Private Life.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Residents were mostly positive about the quality of staffing. A number of staff had worked in the same psychiatric hospital that most residents had lived prior to moving to the home over 20 years ago. This meant that staff had limited experience of other settings and lacked exposure to other ways of working within a recovery model. As a result we had asked that staff education focuses on improving knowledge of recovery approaches and related best practice. On this visit we found that staff continued to struggle with developing practices to support modernised mental health. This, along with weaknesses in personal planning raised concern around the skills and accountability of nurses and performance management across the staff team. When we looked at supervision and direct observations of staff practice we found that this had not been taking place on a regular basis and that when it did it was not effective. We were informed that mandatory training had lapsed and some staff said that they had not accessed on-line training because they lacked IT skills. (See Requirement 1).

We observed some staff responses to residents that could have been more meaningful. Staff discussions and actions showed that there was a lack of understanding on how to balance 'choices with 'duty of care'. There needs to be a review of each staff members understanding of adult support and protection or other processes that consider potential risk or harm. (See Requirement 1).

Two new nurses had joined the staff team around the time of the last inspection, which we viewed as a positive in that this had potential to bring new ways of working and different ideas . However, the new staff had left after a few months and it was not clear if exit interviews had been provided in line with good practice. It was good to hear that a new system was due to be introduced that would hold an overview of safer recruitment checks and include exit interviews.

The vacancies created by the new nurses who had left four months previously had not been filled, and as a result this meant that most day shifts only had one nurse when the staffing schedule required two nurses to be on shift. The provider advised us that it was difficult to recruit nurses to the home, and that nurses would be sourced from within the organisation to cover the current shortfall. We noticed that a care assistant would be on kitchen duties for a period of time in the morning, and this meant that the numbers of required care assistants were reduced during this time. (See Requirement 2).

Requirements

Number of requirements: 2

1. The provider must ensure that nurses and care assistants have the knowledge and skills to meet the needs of people they support. In order to demonstrate this:

- (a) a training needs analysis which takes the aims and objectives of the service and the needs of residents into account should be undertaken for all care staff employed by the service
- (b) staff development must: look at how staff communicate with residents to support meaningful engagement; review staff understanding of balancing 'choices' with 'duty of care' and understanding of adult support and protection or other processes that consider potential risk or harm.
- (b) a staff development plan, including timescales and informed by the training needs' analysis is developed, documented and implemented
- (c) supervision, appraisal and team meetings must take place as per organisational policy
- (d) supervision must include evaluations of training/education and 'direct observations' in relation to what difference it has made to staff knowledge and practice
- (e) management processes must demonstrate checks on the frequency and quality of staff supervision, direct observations and training/education

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) Welfare of users and Regulation 15 (a) (b) Staffing - requirements to make proper provision for the health, welfare and safety of service users; and to ensure that staff receive appropriate training and all times suitably qualified and competent persons are working in the care service.

Timescale: by 4 December 2017.

2. The provider must ensure that staffing numbers and skill mix are sufficient to meet the needs of residents on each shift. In order to demonstrate this:

- (a) the current staffing schedule must be reviewed to determine if the numbers and skill mix reflect the needs of each person and the purpose of the service
- (b) assessment of need for each person with multi-agency involvement must be available to support staffing levels on each shift
- (c) effective contingency arrangements must be in place to respond to planned and unplanned staff absence.

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) Welfare of users and Regulation 15 (a) Staffing - requirements to ensure that staff that 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: by 4 December 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

At the last inspection we commented on the absence of the manager which had resulted in a significant gap in resources regarding day-to-day management and the ability to develop the service. This situation had not improved and had been made worse by the long-term absence of the deputy manager and shortages in nursing staff. Whilst we had been assured at the last inspection by the provider that additional management and support would be given to the service to take forward development this had not been sustained. We were concerned to find a lack of action planning by external management to deal with the areas for improvement highlighted at the previous inspection.

We were informed that reports submitted to the quality department had not reflected the 'true picture' of the service, and as a result had not triggered an internal quality audit. The provider had only recently become aware of some issues when a clinical lead nurse from another home was asked to support the registered manager. Whilst this is positive, the additional support was only put in place two months prior to our visit and was on a part-time basis which was not sufficient given the absence of local management.

We continue to highlight the need to address the culture in the service, the promotion of self-leadership and the lack of networking which keeps staff and residents isolated from resources.

The provider acknowledged our questioning around the effectiveness of management responses to an incident that involved a financial matter and another about a complaint. We were assured that both would be looked at again following our visit.

Our findings from this visit show that local and external management and leadership had not been effective in addressing the areas of improvement noted at the last inspection. As stated previously a 'live' service development plan that is effectively monitored by staff and residents is key to continuous improvement and pro-active management. Given that the last report clearly raised the need to pay attention to the service, it is of significant concern that this was not done in a way to bring about the change and improvement required. The provider must improve how the service is managed and monitored to ensure that a quality service is delivered. (See Requirement 1).

Requirements

Number of requirements: 1

1. The provider must ensure that quality assurance for the service is carried out effectively and that this includes reporting on service development and continuous improvement. In order to demonstrate this:

(a) routine and regular management monitoring of the quality of care and support, environment, staffing and management and leadership must be put in place and the information submitted on reports need to be checked for accuracy - this must also include looking at the culture of the service

(b) quality audits relating to the above areas must be accurate, kept up to date and ensure that they lead to any necessary action to achieve improvements or change without unnecessary delay

(c) service development plan must be made available to key people to show how and when improvements will be made.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

Timescale: by 4 December 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 1

The provider must improve the quality of information in personal plans, and outcomes related to the principles of recovery. In order to demonstrate this:

- Personal plans, including care plans and risk assessments must be reviewed at least once in every six month period
- A record of the review must be made available
- The service must keep a track of reviews to demonstrate the required frequency as being met
- In the event that the required frequency for a review is not met, then the reasons explaining this must be recorded along with the next planned review date
- The quality of personal plans must be monitored as part of supervision sessions and audit processes, and this must include a focus on nutritional care planning and outcomes related to recovery.

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) Welfare of users and Regulation 5 (2) (b) (iii) Personal Plans - these are requirements to make proper provision for the health and welfare of service users and to review personal plans at least once in every six month period whilst the service user is in receipt of the service.

Timescale: within three months upon receipt of the final inspection report.

This requirement was made on 16 November 2016.

Action taken on previous requirement

See Theme 1.

Not met

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

Previous recommendations

Recommendation 1

The provider should review the current aims and objectives to reflect the 'recovery and rehabilitation' function and purpose of Riddrie House.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 5: Management and Staffing Arrangements, Standard 11: Expressing Your Views.

This recommendation was made on 16 November 2016.

Action taken on previous recommendation

Not met – see Theme 4.

Recommendation 2

The service should improve evaluations of meaningful activity to show how outcomes for people are being met. This should include dynamic weekly planners that show regular review and update between keyworker and service user.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 5: Management and Staffing Arrangements, Standard 11: Expressing Your Views.

This recommendation was made on 16 November 2016.

Action taken on previous recommendation

Not met – see Theme 1.

Recommendation 3

The system for repairs should be reviewed to ensure that work takes place without unnecessary delay. The expected standard should be monitored through quality audit processes and show service user involvement.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 4: Your Environment, Standard 5: Management and Staffing Arrangements, Standard 7: Making Choices and Standard 11: Expressing Your Views.

This recommendation was made on 16 November 2016.

Action taken on previous recommendation

Not met in full; lift repaired but not phone – see Theme 2.

Recommendation 4

A job evaluation of the nursing role should be carried out and this should be used to measure performance and accountability.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 5: Management and Staffing Arrangements.

This recommendation was made on 16 November 2016.

Action taken on previous recommendation

Not met – see Theme 3.

Recommendation 5

The provider should ensure that supervision and direct observations are taking place in line with good practice. The impact of both processes should be made clear in the context of quality assurance and outcomes for service users.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 5: Management and Staffing Arrangements, Standard 11: Expressing Your Views.

This recommendation was made on 16 November 2016.

Action taken on previous recommendation

Not met – see Theme 3.

Recommendation 6

A service development plan should be put in place, which is shared and monitored with key stakeholders.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 5: Management and Support Arrangements.

This recommendation was made on 16 November 2016.

Action taken on previous recommendation

Not met – see Theme 4.

Recommendation 7

The provider should ensure that effective contingency arrangements are put in place during the absence of members of the management team.

National Care Standards, Care Homes for People with Mental Health Problems, Standard 5: Management and Support Arrangements.

This recommendation was made on 16 November 2016.

Action taken on previous recommendation

Not met – see Theme 4.

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

Date	Type	Grading	
30 Sep 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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