

Springboig Care Home Care Home Service

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Type of inspection: Unannounced
Inspection completed on: 12 June 2017

Service provided by:
Care Homes (Scotland) Ltd

Service provider number:
SP2007008815

Care service number:
CS2007142131

About the service

Springboig Care Home is a home for older people based in the residential area of Springboig, Glasgow.

There are 70 places within three units. Unit one is for people who do not require nursing care. Units two and three are for people who require 24 hour nursing care and in addition unit three aims to specialise in the care of people with dementia.

All the bedrooms have en-suite facilities with shower, toilet and wash hand basin. There are communal lounges and dining areas with access to a safe enclosed garden from unit two. There is limited parking at the front of the building.

Their mission statement is:

"Springboig Care Centre strives to provide consistent high standards of care at all times".

What people told us

We sent out questionnaires before inspection to gather residents and relatives views. The questionnaires returned were mainly positive with few issues raised.

We spoke with residents during inspection and when asked if they could choose when to go to bed and get up they told us:

"I decide bedtime" and "I go to bed early, that's my choice".

We asked residents about the quality of staff and they told us:

"I am treated with respect", "staff are good" and "friendly".

Residents also told us:

"I'd be worse off at home", "food enjoyed, never disappointed" and "come right away if I use buzzer"

Self assessment

We did not ask for a self-assessment to be submitted before inspection. We used the services own improvement/development plan to identify areas they felt should be improved.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	1 - Unsatisfactory

Quality of care and support

Findings from the inspection

When we looked at care plans there was a lack of person centred information and guidance for staff to support residents in the way they preferred. This meant the care plan did not offer a level of consistency which is important for residents with dementia. The care plans failed to show how staff should support residents to maintain their skills and help them remain as independent as possible.

We found charts used to monitor resident's healthcare needs such as wound assessments and dressing changes were not always fully completed. This meant it was unclear if these had been carried out or not. This has the potential to have a detrimental effect on the residents' health.(Requirement 1)

Six monthly reviews gave residents an opportunity to discuss their care and support needs with everyone involved. However the review minutes we looked at did not detail any agreed actions needed to update care plans to ensure they continued to meet the resident's care and support needs. The review minutes did not reflect the views of families who had been consulted. (Recommendation 1)

We observed staff administering medication were constantly interrupted to assist residents due to lack of staff in the communal areas. This resulted in medication rounds taking longer than expected and we have asked the manager to consider how they ensure residents get their medication with sufficient time between doses. (See management and leadership)

We found residents had not been asked if they wished to vote at the recent election. There should be evidence residents had been given the opportunity to send a postal vote or attend the local polling station.

We observed the dining experience in two units. Residents were not offered the opportunity to wash their hands before or after their meal which would promote good infection control. We found the menu did not provide enough varied choices. As some residents struggled to make choices from a written menu a visual choice of foods may assist them to choose the meal they preferred. We have asked the manager to look at the dining experience and involve residents in how to make it better. (Recommendation 2)

There is a requirement that there should be a stimulating environment. (Requirement 2)

Requirements

Number of requirements: 2

1. The provider must have person centred outcome focused care plans that detail how residents prefer their support to be carried out.

This must include but is not restricted to:

- all daily charts used to monitor resident's health care to be fully completed
- fully completed care plans for wound assessment and dressing changes
- ensure care plans have clear guidance on risk assessments for staff to offer support in a person centred way
- care plans to have individual person centred outcomes that identify the benefits of the support residents receive
- ensure staff have the information to support residents to maintain their skills and help them remain as independent as possible
- a fully completed and up to date inventory of each resident's belongings

This is to comply with SSI 2011/210 Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To commence on receipt of this report and to be completed by 30 November 2017.

2. The provider must ensure a stimulating environment for all residents.

This must include but is not restricted to:

- evidence of residents being consulted about what activities they want to do
- a person centred activity plan developed from this consultation
- evidence of activities taking place
- activities being evaluated to ask residents if they were enjoyed or they had any suggestions to make them better
- all staff to have training in delivering meaningful activities
- the manager to continue to recruit an activity co-ordinator

This is to comply with SSI 2011/210 Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To commence on receipt of this report and to be completed by 30 November 2017.

Recommendations

Number of recommendations: 2

1. Recording of discussions in six monthly care reviews should be improved. This should include identified actions for the next six months and changes needed to ensure the care plan continues to meet residents care needs. The views and comments of families who have been consulted should also be included.

This is to comply with National Care Standards, Care Homes for Older People, Standard 6, Supporting Arrangements.

2. The dining experience should be improved. This should include:

- opportunities for residents to wash their hands before or after their meal
- a varied nutritionally balanced choice of foods
- residents given visual aids to assist them to choose their meal

This is to comply with National Care Standards, Care Homes for Older People, Standard 13, Eating Well.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found the home clean with no malodours.

When we looked at maintenance records of safety equipment we found required checks had been carried out in the appropriate timescales. This included hoists, slings and the nurse alarm call system. These checks meant equipment was in good working order and contributed to keeping resident's safe.

In the kitchen/dining areas there were curtains rather than cupboard doors. The curtains were hanging off and staff were storing their personal belongings behind them. This did not support good infection control. Appropriate cupboards should be installed which will be easier to keep clean and provide a safer place for storage. (Recommendation 1)

We looked at accident and incident forms and found they were not fully completed. These failed to give a history of how the accident or incident had taken place including what actions had been taken as a result and what preventative measures were put in place to try to minimise re-occurrence. (Requirement 1)

Requirements

Number of requirements: 1

1. The provider must fully complete accident and incident paperwork after any accident or incident to clearly show any actions taken.

This must include but is not restricted to:

- any actions taken after an accident or incident including details of any investigation
- if any additional support needs are required after an accident or incident it should be clear from the form where the record of this can be found
- a monthly audit and analysis of accidents and incidents to identify risks
- measures put in place to try to prevent further accidents or incidents
- all staff should be trained in the reporting of accident and incidents

At feedback the provider agreed to start work on this immediately.

This is to comply with SS1 2011/210 Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To start on receipt of this report and to be completed by 31 August 2017

Recommendations

Number of recommendations: 1

1. The curtains in the kitchen/dining areas should be removed and replaced with appropriate cupboards.

This is to comply with National Care Standards, Care Homes for Older People, Standard 4, Your environment.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We reviewed the training folder and found it difficult to follow therefore it was unclear what training had been carried out. A clear system would make it easier to see when training was due or out of date.

We found staff mandatory training out of date. This included fire drills and fire safety. We advised the manager to hold fire training as staff should have the skills and confidence to deal with any fire emergencies that may occur. We have reported this to Scottish Fire and Rescue and the care home manager is arranging this training as a matter of urgency.

We expect all staff who worked closely with residents on their dementia journey to be trained to skilled level in dementia. However we found staff had not completed this. This would give staff additional knowledge and skills to support residents with dementia using a person centred approach. (Requirement 1)

Staff we spoke with confirmed they had regular supervision and annual appraisals. We asked the manager to consider the use of reflective practice as part of supervision. This would give staff opportunities to discuss and learn from situations they had been involved in.

We found not all records were up to date to ensure staff were not in breach of their SSSC registration requirements. A new monitoring tool had been developed to ensure this did not happen again. (Requirement 2)

Plans to support staff complete their SVQ and NMC revalidation were currently being developed. This is an area of good practice and will enable staff to maintain registration with relevant professional bodies within timescales.

We found team meetings were always held in the afternoon therefore night staff had difficulty attending. The manager intends to look at how he ensures all staff have opportunities to attend staff meetings.

Residents and visitors we spoke with were happy with staff and the inspection volunteer observed warm, fun and appropriate interactions. Residents told us they felt safe when being moved by staff and felt they were well-trained.

When we observed staff we saw some good interactions with residents being treated with dignity and respect and being offered choices.

Requirements

Number of requirements: 2

1. The provider must ensure staff have relevant up to date training.

This must include but is not restricted to:

- all staff to have fire drill and fire safety training as quickly as possible
- all staff mandatory training including moving and assisting, infection control, food hygiene and adult support and protection should be up to date
- all staff to complete dementia skilled training
- a clear system to monitor training to be developed

This is to comply with SS1 2011/210 Staffing 15. A provider must, (b) ensure that persons employed in the provision of the care service receive: (i) training appropriate to the work they are to perform.

Timescale: To commence on receipt of this report and to be completed by 30 November 2017.

2. The provider must ensure all staff working in the home are registered with the relevant professional body.

This must include but is not restricted to:

- staff who have failed to meet their registration requirements should not be working in the home
- a system to monitor the registration status of all staff must be introduced and implemented

This is to comply with SS1 2011/210 Fitness of employees 9. (1) A provider must not employ any person in the provision of a care service unless that person is fit to be so employed.

Timescale: To commence on receipt of this report and to be completed by 18 August 2017.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

There had been a few changes of manager recently with a new manager now in post for the last six weeks. He had introduced himself in the newsletter giving some background information about himself to everyone. Residents we asked knew who the manager was as he was visible throughout the units. This meant they had opportunities to get to know him and raise any issues.

The manager had developed an improvement plan on starting his new role. However it did not have any timescales to complete any tasks and the detail could be improved to show what actions were to be taken and by whom.

We found there was no overview of the whole service in place. We expect the manager to monitor all areas of health care such as prevention of pressure sores, falls prevention, residents losing weight and the quality of information held in care plans. This would ensure he was aware of any issues and how staff were dealing with them. (Requirement 1)

When a staff survey was carried out the action plan developed from the results only dealt with one issue and failed to deal with other issues raised. We would expect to see all issues included in the action plan. This would ensure staff felt valued and listened to.

Although residents and visitors we spoke with told us they were happy with care and support they also told us they felt the home was short-staffed and we also observed this during inspection.

We found that although a dependency tool was used to inform staffing numbers, it did not take into account the environment or the emotional needs of residents who are frail and may have dementia. While staff were busy we observed few staff available in communal lounges to spend time with residents on 1-1 activities. This contributed to the lack of activities and stimulation for residents.

We have asked the manager to complete a report detailing how residents are kept safe and offered appropriate support within the current staffing levels in all units for each shift.

Requirements repeated from upheld complaint:

- The provider must follow safer recruitment procedures
- The provider must submit the assessment asked for by the Care Inspectorate

Requirements

Number of requirements: 3

1. The provider must have an overview of the whole service.

This must include but is not restricted to:

- health care audits such as wounds, weights, food and fluid, falls and continence
- audits to include prevention measures and any aids put in place
- quality of care plan information
- staff training
- participation opportunities such as resident and relative meetings and surveys and six monthly reviews
- action plans with staff identified to deal with any actions within agreed timescales
- action plans of all audits to be regularly reviewed to ensure issues are dealt with

This is to comply with SSI 2011/210 4 Welfare of users

4. (1) A provider must

(a) make proper provision for the health, welfare and safety of service users

Timescale: to commence on receipt of this report and to be fully implemented by 30 November 2017

2. The provider must improve recruitment practice to demonstrate safer recruitment in line with the company policy and the Scottish Government's safer recruitment practice document.

This must include but is not restricted to:

- full employment history with evidence any gaps were discussed and noted
- fully completed interview notes
- interview notes signed and dated by the interviewees

This is to comply with SSI 2011/210 9 Fitness of employees

9. (1) A provider must not employ any person in the provision of a care service unless that person is fit to be so employed.

Timescale: On receipt of this report and be completed by 18 August 2017 .

3. The provider must submit to the Care Inspectorate, an assessment of risk associated with the appointment of the new manager. Details of any measures taken to protect service users from any identified risk.

This is to comply with SSI 2011/210 7 Fitness of manager

7. (1) A person must not act as a manager in relation to a care service unless the person is fit to do so.

Timescale: To be submitted by 18 August 2017.

Recommendations

Number of recommendations: 0

Grade: 1 – unsatisfactory

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 recruitment practice to demonstrate safer recruitment in line with the company policy and the Scottish Government's safer recruitment document.

This requirement was made on 23 March 2017.

Action taken on previous requirement

We looked at new staff recruitment files including the new manager and found:

- interview notes from the managers recruitment were not signed or dated by either of the two interviewers. This meant there was no evidence of when the interview took place or who conducted the interview.
- two files of recently recruited care staff did not have interview notes. This meant there was no evidence either one had been interviewed.
- there was gaps in employment in a file we looked at with no evidence this had been discussed. This meant there was not a full employment history noted.

These issues were raised in previous inspections and at this inspection we have again found the service are not following safer recruitment guidance to ensure the protection of vulnerable people.

This requirement is repeated.

Not met

Requirement 2

The provider must submit to the Care Inspectorate:

- evidence that demonstrates that the person appointed to the post of manager is of good character and integrity.
- an assessment of risk associated with the appointment of the manager.
- details of any measures taken to protect service users from any identified risk.

This requirement was made on 23 March 2017.

Action taken on previous requirement

When the new manager was appointed the service submitted information about the managers background and work history which included their PIN number which was checked to ensure they were registered with an appropriate body. However the service did not submit an assessment of risk associated with this appointment which was part of the requirement.

Therefore this requirement has not been met and is repeated.

Not met

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

Previous recommendations

Recommendation 1

Information held in care plans should be recorded consistently.

National Care Standards, Care Homes for Older People, Standard 6, Supporting Arrangements.

This recommendation was made on 4 August 2016.

Action taken on previous recommendation

When we looked at care plans we found inconsistencies in recording such as:

- "some interesting facts about me" not fully completed. This meant there was limited personal information readily available for staff.
- gaps in recordings for topical creams. This meant it was not clear if the cream had been applied or not.

-inventories of residents belongings not dated or signed by anyone. We did not see evidence these were updated as an item was thrown away or a new item was purchased. This meant there was not clear information about residents belongings.

This is an area that has not improved since the last inspection and we have now included these issues as part of a requirement under care and support.

Recommendation 2

There should be a stimulating environment for all residents.

National Care Standards, Care Homes for Older People, Standard 17, Daily Life.

This recommendation was made on 4 August 2016.

Action taken on previous recommendation

We found this had not improved. The lack of stimulation was a concern as we observed some residents with nothing to do except watch television or sleep in armchairs. We would expect to find an activity programme that reflected residents personal interests and hobbies. This would encourage residents to take part in activities to maintain their individuality.

We were also concerned about the lack of outings and opportunities for residents to leave the home and be part of their local community if they wished. This has the potential to leave residents socially isolated which can affect their health and wellbeing. While we acknowledged the service had a vacancy for an activity co-ordinator this post had been vacant for some time.

We found staff did not have training in how to deliver meaningful activities. This would give staff additional skills and knowledge to encourage them to offer meaningful activities that could improve the wellbeing of residents.

As there was no improvement we have now made a requirement that the provider must provide a stimulating environment for all residents. (See requirement 2)

Recommendation 3

Equipment faults should be dealt with quickly.

National Care Standards, Care Homes for Older People, Standard 4, Your Environment.

This recommendation was made on 4 August 2016.

Action taken on previous recommendation

We looked at the system for recording equipment faults and found these were now dealt with in a timely manner.

This recommendation has been met.

Recommendation 4

An upheld complaint resulted in the recommendation:

The service should review its participation strategy in order to seek the views of residents and relatives on the service being provided and also the quality of staff and management.

National Care Standards, Care Homes for Older People, Standard 11, Expressing your Views and Standard 5, Management and Staffing.

This recommendation was made on 13 February 2017.

Action taken on previous recommendation

The participation strategy had been reviewed. When we looked at minutes of resident/relative meetings we found they were asked about all parts of the service including staff and management.

This recommendation has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
29 Mar 2017	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	1 - Unsatisfactory
		Management and leadership	Not assessed
13 Jul 2016	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
12 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	Not assessed Not assessed
4 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
14 Jan 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
15 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
21 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
6 Mar 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good
12 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good
5 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
24 May 2011	Unannounced	Care and support Environment	4 - Good 4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	5 - Very good
15 Dec 2010	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Sep 2010	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
29 Apr 2010	Announced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
12 Nov 2009	Unannounced	Care and support	1 - Unsatisfactory
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	2 - Weak
11 Jun 2009	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
19 Feb 2009	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
4 Dec 2008	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
21 May 2008	Announced	Care and support	4 - Good
		Environment	4 - Good

Date	Type	Gradings	
		Staffing	4 - Good
		Management and leadership	4 - Good

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