

Netherlee House Care Home Service

170 Netherlee Road
Netherlee
Glasgow
G44 3QB

Telephone: 0141 633 3771

Type of inspection: Unannounced
Inspection completed on: 21 August 2017

Service provided by:
McFarlane Homes Limited

Service provider number:
SP2003000259

Care service number:
CS2003000816

About the service

Netherlee House is a care home registered for ten adults with learning disabilities. It is owned and managed by McFarlane Homes Limited, a voluntary sector organisation. The care home is integrated into the neighbourhood and situated across from a big park which is popular with the locals.

The building is on two levels. On the ground floor there is a large lounge, kitchen, dining room, and sensory room. Residents have their bedrooms on the ground floor too. The top floor accommodates the staff office as well as a quiet room for people to use if they wish and if they are mobile.

There is a garden area both at the front and rear of the home which people can access with support.

What people told us

Relatives we spoke to said:-

'We are very happy with the service now, it's like night and day in comparison to before'

'Since the new manager has taken over there has been a lot of positive changes'

'We find the service very good, we have no complaints'.

Self assessment

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

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	3 - Adequate

Quality of care and support

Findings from the inspection

The personal plans we examined described people in a person centred way which was unique to the individual. We saw that this was being used to make a positive difference in the lives of the people receiving support. For some people their plans were created with the participation of their relatives who knew them well. The information contained in the plans was central to the person's support.

We observed some activities taking place individually and in groups which staff agreed was an improvement however this should be further developed to offer more creative opportunities that would be meaningful to individuals. The activities that people are interested in should be written into care plans and reviewed monthly.

The plans contained some information on how to support people to communicate when they had limited speech. It was clear that the staff knew the people well and were able to understand people's communication through sounds and behaviour.

We noted that the service had improved in relation to monitoring and responding to people's health care needs such as weight management, continence care and healthy eating. However the recording of this information requires further improvement. See requirement 1.

We spoke to relatives who told us they were very happy with the support their loved ones were receiving and had noticed good progress in the service since the new manager had taken up post. This supported our findings of the current service although the manager is aware that improvement will be continuous in achieving and accurately monitoring outcomes. See recommendation 1.

We met with the Community nurse who is very involved with people who use the service and staff. They told us that they had witnessed the service getting better and that they were working in partnership with the manager to the benefit of the people using the service. Additionally we saw a letter from the local GP in relation to a person receiving care and within it he commended the service for their input in supporting him to make a remarkable recovery from illness.

During our inspection we discussed the use of cameras in place which were in use to monitor the health and safety of two people in their room. Although this had been agreed with the people's guardians we advised the manager that this would need to be further discussed with other relevant agencies such as social work and The Mental Welfare Commission. This would ensure people's rights were being adhered to. See requirement 2.

Requirements

Number of requirements: 2

1. The service must evidence consistent and accurate recordings in relation to people's fluid and nutritional intake to ensure health care needs were being met by staff.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations, SS12011No. 210 regulation 4 (1) (a) - requirements to make proper provision for the health, welfare and safety of residents.

Timescale: By 10.10.2017

2. The provider must ensure that the service always work to best practice guidelines and legislation in order that people's rights to privacy and dignity are considered when decisions are being made on behalf of someone that does not have capacity. This is in particular to cameras being used to monitor an individual's health and safety.

This is to comply with comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments (SSI) 2011 No 210 Regulations 4 - (1) -(b)- a requirement to provide services in a manner which respects the privacy and dignity of service users. And Regulation 4 - (1) - (c) ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances;

Timescale : 1.10.2017

Recommendations

Number of recommendations: 1

1. We advised the provider that it would be good practice to record and measure how people's outcomes were being achieved on a regular basis such as weekly or monthly. This would offer a constant overview of how people were progressing and where support should be directed or changed.

National Care Standards - Care homes for people with learning disabilities - Standard 8 You have the right to make decisions and choices about your life, and the support and care you receive.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

On arrival to the service it was nice to see that the building was integrated into the neighbourhood and mixed in with the neighbouring houses and that people had garden space both at the front and rear of the house. This allowed people the opportunity to get out if they wished and relax in the seating area with support.

We found the home to be clean and odour free which was pleasant to walk into. There had been some decorating carried out to freshen the home up.

Rooms were not ensuite, residents shared two downstairs bathrooms (with toilets) and two toilet rooms, one downstairs and one upstairs. Both baths had seats to allow people access to the bath. People's doors were individualised with pictures and artwork which helped people to orientate themselves back to their room.

We noted that the lighting throughout the home could be dull which could impact on people with mobility difficulties or dementia, however the director stated that they had already replaced the lighting following a recommendation from the previous inspection.

We noticed that the bathrooms had no alarm cords for people or staff if needed to summon help. The provider feedback that they would look into the alarms which were already in place but not working. We advised the manager to complete The Kings Fund walk through assessment. Accessibility to kitchen and garden area restricted. See recommendation 1.

At times during the inspection noise levels could reach an uncomfortable level with people expressing themselves. This clearly had an impact on other residents and sometime triggered others behaviour to escalate. This demonstrated that this model of communal living was not suited to everyone who lived there.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. We suggested to the provider that they carry out The King's Fund assessment tool in as best practice guidelines in relation to the environment. This will highlight the improvements that could be made for residents and in particular for people who have dementia.

National Care Standards. Housing Support Standard 4: Your Environment.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We spoke to both day and night shift staff during the course of the inspection. We received mixed reviews about staff morale, however staff agreed that the service had improved since the last inspection.

We examined staff recruitment files and found that the provider's recruitment process was in line with good practice. References were appropriate and in place as were application forms.

Interview notes demonstrated the questions which were asked of candidates as well as the responses. All staff completed an induction period which comprised of attending training relevant to their role and skilled staff up to support people effectively.

As part of the inspection we checked that staff were appropriately registered with the Scottish Social Services Council, we found that one staff member was not registered and this was addressed by the manager. Support workers who are responsible for stepping up to the teamleader role as and when required were advised to get registered as a supervisor too.

We asked the manager to put a system in place which would alert them to the fact that staff registration was due for renewal however ultimately it is the staff member's responsibility to ensure they are appropriately registered.

Staff told us that they received regular supervision and felt they could approach their line managers and seniors if they wished to discuss any issues. This created trusting and open working relationships. However some staff told us they could feel devalued at times due to how messages were communicated to them either verbally or through the staff communication book. We discussed this with senior management who explained the reason for the communication was due to some staff continually not following directives. We advised that the staff communication book should not be used for such communications and instead should be discussed during supervision or at team meeting.

We were pleased to see that staff had attended training and development on specific conditions in relation to the people living at the home. This allowed staff to build up their knowledge and enhance their practice. We advised the manager that they should continue with further development about other conditions such as Pic, Autism and Schizophrenia and how this affects the individual.

We looked at minutes of staff meetings which took place regularly and were satisfied with the agenda items being discussed. The minutes reflected the on going commitment to improve as a service. However we did notice that the minutes could be repetitive due to no actions being taken as directed in the previous minutes. This should be addressed by the manager.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found that the impact of the new manager on the service had been a positive one. Having said this the manager and Directors understood that the service was on a journey of improvement and would need to continue in this direction.

At times during the inspection noise levels could reach an uncomfortable level due to how some people needed to express themselves. This clearly had an impact on other residents and sometimes triggered others behaviour to escalate. This demonstrated that this model of communal living was not suited to all residents who lived there. See requirement 1.

We looked at various audits which had been completed such as fluid and nutrition intake, weight and health and safety. We were happy to see that these checks were in place to help monitor people's health and wellbeing. We advised the manager of the gaps in recording which could lead to incorrect assessment of people's weight and hydration. Staff and teamleaders must ensure accuracy of recording so that health outcomes are being met for people.

As part of the service's quality assurance process the manager sent out questionnaires to relatives to gain feedback about how they felt the service was performing. We sampled some of the returns and were pleased to see positive comments. The service should consider how to gain feedback from other agencies such as social work, health colleagues and providers. This would offer further views on the service.

During the inspection we saw both good practice such as how staff responded to someone becoming quite anxious and upset and not so good practice where staff were using unsafe handling moves and not following protocol. As a result we suggested to the manager that spot checks could be introduced as part of the quality assurance process where line managers observe staff practice and engagement and offer feedback as part of reflective supervision.

We advised the manager that although it was good to see audits being carried out, the process should be followed through to the end to ensure follow up actions have been completed and dated.

We carried out a finance check in relation to residents' monies, we found that there were discrepancies in the reconciliation. The manager was aware that this had been a recent situation and it may be due to lack of training with new staff. We advised the provider to review their finance policy and to request that there is always two signatures on any transaction of monies. See recommendation 1.

Following discussions with staff and the manager we suggested to the provider to use a dependency assessment tool to decide how many staff should be on shift to meet the current needs of people. The current staffing levels which met the minimum criteria did not appear to be relevant or appropriate any longer. See requirement 2.

We signposted the provider to the SSSC site for development and training for the staff, this is 'The Step into Leadership' course which they can access for free online. See recommendation 2.

Requirements

Number of requirements: 2

1. The Provider must develop and implement a pre assessment form to be carried out when considering potential residents applying to live at Netherlee House. This would support compatibility with residents

This will comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments (SSI) 2011

11.-(1) A provider of an adult placement service must not place any service user in premises in which there is any person living who is unfit to be in the proximity of the service user.

Timescale : One month from receipt draft report.

2. The provider must implement a dependency tool to ensure they have the correct ratio of staff on any given shift to meet the emotional and physical needs of the people in residency.

This is in order to comply with This will comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments (SSI) 2011 No.210 regulation 15 (b) to 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 : One month from receipt of draft report

Recommendations

Number of recommendations: 2

1. The manager should ensure that regular and accurate finance audits are carried out in relation to people's money they have responsibility for. This should include:-

- The manager having an overview of the team leaders reconciliation audits
- Any actions as a result of the audit should be recorded and completed
- Where training and development is identified regarding finance transactions, this should be offered to staff.
- Any discrepancies which have been highlighted should be addressed timeously and an investigation carried out.

National Care Standards. Housing Support Standard 8 (9)

2. We advised the provider that it would be beneficial to the service if the manager and the teamleaders attended training and development relating to management and leadership. This would enhance the experience and knowledge they already have to carry out their role effectively.

National Care Standards. Housing Support - 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

The provider must demonstrate that the needs of people who use the service are regularly agreed, assessed and adequately met. In order to achieve this you must:

- develop and implement clear prevention plans to avoid significant unplanned weight loss, and constipation;
- develop and implement clear treatment plan when people are identified with significant weight loss or constipation;
- ensure there is robust monitoring and audit of prevention and treatment plans;
- develop and implement policy guidance for the prevention and management of significant unplanned weight loss and constipation;
- ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI2011 No. 210 regulation 4 (1) (a) - requirement to make proper provision for the health, welfare and safety of residents. And regulation 5 (1) - requirement for personal plans. And regulation 15 (b) (i) - requirement about training.

Timescale: One month from receipt of final report

This requirement was made on 3 March 2017.

Action taken on previous requirement

We found that most of this requirement had been met and we were able to join up information from the beginning to the end. However one area that required further development was around ensuring that documentation and records were accurate, sufficiently detailed and reflect the care planned or provided, therefore we have made this a recommendation.

Met - outwith timescales**Requirement 2**

The provider must put in place and implement for all service users with continence management problems, an individual continence management plan which takes account of:

- how continence is promoted;
- links to nutrition, skin integrity and medicines
- environmental and health factors which could affect continence promotion;
- any other risk factors specific to individual residents such as dementia, diabetes and acute illness.

This is in order to comply with:

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI2011 No. 210 regulation 4 (1) (a) - requirement to make proper provision for the health, welfare and safety of residents. Regulation 15 (a) and (b), (l) and)ii) - Staffing and takes account of: NHS Health Improvement Scotland Best practice statements and Scottish Intercollegiate Guidelines Network (SIGN). We have also directed the management team to the Care Inspectorate website for further guidance.

Timescale: One month from receipt of final report

This requirement was made on 3 March 2017.

Action taken on previous requirement

We looked at individual recording sheets and could see that there were systems in place to promote and record continence management. We spoke to staff and the managers who told us they had input from the continence nurse to promote good practice.

Met - outwith timescales**Requirement 3**

Effective procedures and all possible measures to safeguard service users from the risk of infection must be consistently implemented. In order to achieve this, the provider must ensure that :

- appropriate personal protective equipment such as single-use disposable gloves and aprons are easily accessed as required by staff providing direct care and support;
- infection control procedures are reviewed, developed and documented as necessary to achieve compliance with current best practice guidance such as the Standard Infection Control Precautions published by Health Protection Scotland;

- all staff providing care and support receive training, guidance, monitoring and updates as necessary to evidence understanding and good practice in respect of infection control.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments (SSI) 2011 No.210 Regulation 4 (1) (a) - a requirement to make proper provision for the health, welfare and safety of residents. SSI 2011 No.210: Regulation 4 (1) (d) - requirement for the prevention and control of infection.

Timescale: One month from receipt of draft report.

This requirement was made on 3 March 2017.

Action taken on previous requirement

We noted that infection control equipment was being utilised by the staff team. Previous to our inspection the service had a breakout of Impetigo. This was responded to timeously and effectively which contained the virus and limited the spread.

We spoke to the domestic staff who confirmed that they were equipped with the relevant cleaning agents and equipment.

We found that staff had attended Infection Control training.

Met - within timescales

Requirement 4

The provider must demonstrate proper provision for the safety and welfare of service users is made. In order to achieve this the provider must:

- demonstrate that the premises are suitable of the purpose of achieving the aims and objectives of the care service as set out in the aims and objectives of the service
- ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments (SSI) 2011 No.210 Regulation 4 (1) (a) - a requirement to make proper provision for the health, welfare and safety of residents. And regulation 10 (2) (a) - requirement about premises. And regulation 15 (a) - requirement about staffing.

Timescale: Immediately.

This requirement was made on 3 March 2017.

Action taken on previous requirement

At the time of inspection staffing was up to full capacity with further recruitment arranged for relief staff. There was no agency usage for several months which offered consistency to both the team and the people using the service.

Met - outwith timescales

Requirement 5

The provider must ensure that quality assurance for the service is carried out effectively. In order to demonstrate this:

- routine and regular monitoring of the quality of care and support, staffing and management and leadership must be provided
- quality audits relating to the above areas must be accurate, kept up to date and ensure they lead to any necessary action to achieve improvements without unnecessary delay
- a service development plan must be made available to show how and when improvements will be made.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments (SSI) 2011 No.210 Regulation 4 (1) (a) - a requirement to make proper provision for the health, welfare and safety of residents

Timescale: Three months from receipt of draft report

This requirement was made on 3 March 2017.

Action taken on previous requirement

We looked at various audit systems which had been implemented by the manager to cover a range of quality assurance. The Directors also carried out audits to ensure monitoring of the service at every level of the staffing structure.

We noted there was a development plan which was on going in relation to achieving aims and goals.

Met - within timescales

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

Previous recommendations

Recommendation 1

The provider should make proper provision for social events, entertainment and activities which meet the assessed needs and choice of people. The activities should be in line with good practice and should be clearly recorded within the support plan or activity planner.

NCS - Care home for people with learning disabilities - Standard 12 - Lifestyle - social cultural and religious belief or faith and Standard 17 - Daily Life

This recommendation was made on 3 March 2017.

Action taken on previous recommendation

We could see that progress had been made in this area and we observed people participating in activities which they enjoyed. We advised that this could further improve with creative thinking. We signposted the manager to Helen Sanderson for understanding meaningful outcomes.

This recommendation is met.

Recommendation 2

Oral healthcare procedures should follow provider's guidance and best practice guidance. Records should be regularly assessed, monitored reviewed and audited with any relevant changes updated accordingly.

We have directed the management team to the Care Inspectorate website for further guidance.

NCS - Care homes for people with learning disabilities - Standard 6 - Support arrangements and Standard 14 - Healthcare

This recommendation was made on 3 March 2017.

Action taken on previous recommendation

We saw evidence of improvement in relation to oral health. Staff were using best guidance such as 'Caring For Smiles'. We looked at personal files and noted that service users were regularly seen by the dentist and check ups were recorded. Daily notes also demonstrated good practice.

This recommendation is met.

Recommendation 3

The provider in conjunction with the service manager should have an introductory pack that gives details of the service, including the homes philosophy, the accommodation and service provided and a statement of the rights and any rules that the home has.

NCS - Care homes for people with learning disabilities - Standard 1 - Informing and deciding.

This recommendation was made on 3 March 2017.

Action taken on previous recommendation

The provider told us that they had a leaflet which was generic about the company and the service they offer. We were also shown the written agreement and a statement of intent. Although these were separate documents they did explain what the recommendation advised.

This recommendation is met.

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	Gradings	
3 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
11 Nov 2016	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
20 Nov 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
6 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
28 Oct 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good

Date	Type	Gradings	
17 Oct 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
7 Jul 2011	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
13 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
30 Jul 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
25 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
20 Oct 2009	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
26 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
18 Nov 2008	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good

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