

## Riddrie House Care Home Service

77 Riddrie Knowes  
Riddrie  
Glasgow  
G33 2QF

Telephone: 0141 770 0770

Type of inspection: Unannounced  
Inspection completed on: 7 February 2018

**Service provided by:**  
Partnerships in Care Scotland Ltd

**Service provider number:**  
SP2008009728

**Care service number:**  
CS2015337316

## About the service we inspected

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.

The provider was in the process of reviewing the aims and objectives of the service with input from social work colleagues who are responsible for commissioning Riddrie House.

## How we inspected the service

The focus of this inspection was to gain assurance that the service was addressing areas for improvement and taking appropriate action to improve outcomes for service users that had resulted in grades of weak and requirements being made at the last inspection – see previous inspection report dated 6 July 2017.

As part of this follow-up inspection we gathered evidence from various sources, which included:

- sampling relevant documentation and feedback from third parties, such as advocacy
- speaking with staff on duty and service users
- observing staff interactions with service users.

## Taking the views of people using the service into account

Some people told us that they were happy with the service, and others were able to recognise that their experiences could be better. For example, people said it would be good to have more to do during the day.

From our observations we noticed different levels of interactions between staff and service users, where some were more meaningful than others. This is an on-going area of improvement for the service.

## Taking carers' views into account

We did not have the opportunity to meet with carers during our visit.

## 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 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.

**This requirement was made on 8 August 2017.**

#### Action taken on previous requirement

We were pleased to note improvement in the service taking action to be more pro-active in contacting and making referrals to health professionals and other agencies in these areas. For example, this had included new continence referrals to the local continence team and working with social work colleagues on behaviour protocols. It was also good to hear that the manager was working on making improvements to food menus, and the promotion of access to fluids between set tea-times.

Work had taken place to improve personal plans, and we could see that there had been a focus on providing more detail on the management of continence, skin and nutrition along with positive behaviour support plans. However, further work is needed in these areas to provide written information that is comprehensive enough to guide staff to support people in a manner that is person centred and accurately reflects all the support a person needs in line with best practice.

It was disappointing to find that care plans for meaningful activity continue to be the sole responsibility of the activities co-ordinator. Whilst it is good that the activities co-ordinator is involved in activity care planning, this must sit with the keyworker who has overall responsibility in the wider context for care planning with service users and ensuring that all staff contribute in working together to achieve better outcomes for people. We did note positive feedback about the work being done by the activities co-ordinator, however this was not enough and activity for people must be delivered by all team members. This requires improvement in the management

and delegation of staff to achieve better person centred activities for people. Improvement of approaches to meaningful activity continues to be a priority area in relation to outcomes for people

On this visit we also looked at practice and care plans for finances and medicines. We were pleased to be told that the provider was now taking on appointeeship for some service users, and in doing this it supports good practice for vulnerable people. However, care plans for individual financial arrangements for each person need to be developed to reflect current arrangements and to show how staff are supporting people to achieve positive outcomes related to financial matters.

In relation to medicine management, there had been periods when a number of medication errors had been made and in response to this the management team had introduced a system which they viewed as being more robust regards safer checking procedures. Whilst periods of improvement in medication errors was noted, there were still occasions when medication errors had been made. From our direct observations of medicine practice we found areas that needed attention. For example, the checking system was onerous and we could see why a potential mistake could be made. In addition, a nurse could be spending nearly three-quarters of a shift carrying out medicine duties. As a result this meant that the nurse, who was in charge of a shift, was taken away from leading and managing staff. Based on our findings the management team accepted the need to review and simply medicine approaches, and we were pleased to hear that improvement work would include support from a pharmacist. It was also agreed that care plans for medicament management needed to develop in line with recovery and person centred practice.

We found that reviews of personal plans, including care plans and risk assessments were taking place in the frequency that we expect. However, the overall quality of personal plans require further work to show better involvement from service users and an approach that is recovery focused. In addition, personal plans must be developed to be aspirational in goals for people, which in turn will support a culture of being outcome focused.

Based on the above findings the requirement has not been met.

## Not met

### Requirement 2

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.

**This requirement was made on 8 August 2017.**

#### Action taken on previous requirement

The service had been through a difficult and unstable time regards changes to staffing and management, which had resulted in reactive approaches to staff performance rather than the development work on areas we had highlighted in the above requirement.

At the point of this inspection we found that the service was very much at the beginning of being in a better place to start development work in all of the areas for improvement detailed in the requirement. The provider had already addressed some significant areas of poor staff practice in order to support better outcomes for people and the overall culture of the service. We were reassured to find other examples that demonstrated that the manager had taken action to improve staff practice. However, the manager had not had consistent practical support to give this the attention needed to bring about the required improvements. We were pleased to find that the manager now had the resources in place to take forward and progress improvement work to demonstrate that nurses and care assistants have the knowledge and skills to meet the needs of people they support.

Whilst some improvement had taken place in relation to staff performance, there was still a significant amount of work to be done in relation to staff supervision, training/education, direct observations, appraisal, team meetings and on going upskilling on matters related to adult support and protection.

Based on the above findings the requirement is not met.

**Not met**

### Requirement 3

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.

**This requirement was made on 8 August 2017.**

## Action taken on previous requirement

During the period since the last inspection, there had been significant unplanned staff absence as a result of disciplinary action taken by the provider as a means of managing staff performance. Whilst the provider had worked hard to ensure that staffing levels and skill mix were sufficient, this had meant that agency staff had to be used on occasions. It came to our attention that the organisational procedure for use of nurse agency staff required to be reviewed. In response to this, the provider took necessary action to update procedures as required on the use of nurse agencies to ensure effective contingency arrangements in line with safer recruitment.

At the time of the inspection, staffing in the home was undergoing change as a result of recruiting new nursing and care staff with the aim of bringing new skills and ideas to the service. This is a positive development that will support improvement to the overall culture of the home.

The provider had submitted a variation to the Care Inspectorate to review staffing levels and skill mix, which was part of a bigger piece of work that would also include working with social work commissioning to look at the overall purpose of the service.

Based on the above findings the requirement is met.

## Met - outwith timescales

### Requirement 4

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.

**This requirement was made on 8 August 2017.**

## Action taken on previous requirement

Following the last inspection the service had continued to experience very difficult times due to staffing issues and significant allegations of poor staff practice. Whilst we fully appreciate the complexities in working through these areas, we found that at times the provider could have been more effective in improvement responses to assuring the quality of the service. For example, there was a change of manager during this period which highlighted the need for closer monitoring of local level performance. In addition, when the new manager took up post the provider could have been more effective in ensuring sufficient and consistent resources to support the manager in the work that was needed to improve the service. However, shortly before the inspection this

was addressed and we could see that a service development plan was in place to address on-going monitoring of care, the environment, staffing and management at both a local and organisational level.

Feedback about the registered manager was consistently positive from service users, staff and external agencies. This reflected that service users felt safer under the current manager and that the leadership of the service had improved significantly. The culture of the service was at the beginning of change, and it is anticipated that with the current management and improved approaches to quality audit that this will continue to improve.

We were very pleased to hear that advocacy services had been involved in working with the provider to support service users, and to work through on-going areas to improve the culture of the service.

Whilst there is still significant work to be done on service development and continuous improvement, we note the overall action taken to date that reflects that the service is moving in the right direction. Based on this, the requirement is met.

## Met - outwith timescales

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

### Previous recommendations

#### Recommendation 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.

**This recommendation was made on 8 August 2017.**

#### Action taken on previous recommendation

The provider acknowledged the need to be clear about the purpose of the service, and was working with social work commissioning colleagues on reviewing the aims and objectives. This included discussions about supporting people in the same environment who have different mental health needs.

Based on our findings the recommendation has been met and we have asked that the provider keeps us up to date with on-going development work on the aims and objectives for Riddrie House.

## Recommendation 2

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.

**This recommendation was made on 8 August 2017.**

### Action taken on previous recommendation

Whilst we could see that there had been some resident meetings since the last inspection that had included discussion on aspects of the accommodation, further work is needed in this area. By this we mean that approaches to this should be person centred whereby both individual and group discussions should be facilitated by keyworkers to help the supported person to engage meaningfully in choices and decisions related to their accommodation. This should encourage people to have expectations about the standard of accommodation and promote their rights to have a say on matters about the accommodation they live in.

Based on our findings the recommendation is not met.

## Recommendation 3

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.

**This recommendation was made on 8 August 2017.**

### Action taken on previous recommendation

The system for repairs had been strengthened and the service had use of an organisational staff member who was trained to deal with repairs.

The recommendation made at the last inspection has been met.

## Recommendation 4

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.

**This recommendation was made on 8 August 2017.**

### Action taken on previous recommendation

Further work is needed to demonstrate that this recommendation is met. We highlighted the need for keyworkers to take the lead in working alongside people to support the reasons and benefits of holding a key to lock their bedroom door and to keep their personal belongings safe. This should also be discussed in the context of recovery outcomes and helping people to take on more responsibility and prepare for move on.



Based on our findings the recommendation is not met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
5 Mar 2018	Re-grade	<div>Care and support</div> <div>3 - Adequate</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and leadership</div> <div>3 - Adequate</div>
6 Jul 2017	Unannounced	<div>Care and support</div> <div>2 - Weak</div> <div>Environment</div> <div>3 - Adequate</div> <div>Staffing</div> <div>2 - Weak</div> <div>Management and leadership</div> <div>2 - Weak</div>
30 Sep 2016	Unannounced	<div>Care and support</div> <div>3 - Adequate</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and leadership</div> <div>3 - Adequate</div>

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.