

Hogganfield Care Centre Care Home Service

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Type of inspection:

Unannounced

Completed on:

14 June 2018

Service provided by:

Hogganfield Care Limited

Service provider number:

SP2012011794

Service no:

CS2012307040

About the service

Hogganfield Care Centre was registered with the Care Inspectorate on 16 April 2015 to provide care for a maximum of 44 older people including two respite or short stay placements.

At the time of the inspection, because the lower ground floor accommodation was not in use and until the service completed its refurbishment, the service had capacity to provide accommodation for 38 people.

At this inspection, 27 people lived at the service. Seven of those people were under the age of 65.

The service is owned and managed by Hogganfield Care Limited. It is situated in the north of Glasgow and has an open outlook over Hogganfield Loch. The service is close to local amenities and bus services to the surrounding areas and Glasgow city centre.

The accommodation is on three levels with communal lounges, a conservatory and dining areas. The upper and lower floors are accessed by elevator or stairs. All bedrooms are for single occupancy. There is a secure garden area for people to use. Some parking facilities are available at the front of the building.

The aims and objectives of the service state that every resident is "to be treated as an individual" and to receive "the encouragement to attain a high quality life, irrespective of your health care needs".

What people told us

We spoke with people during our inspection and received many supportive comments about the service and the staff team.

We received more favourable comments from people who completed our care standards questionnaires. These included:

"There is a warm, pleasant atmosphere in the home and staff appear happy in their work and always have time to talk with relatives."

"The living environment is continually being improved and updated and kept very clean and tidy."

"The care my relative receives is of the highest quality. I have no concerns and have not seen anything to suggest otherwise. My relative has told me on several occasions she is happy there as it is a very friendly atmosphere and the staff are always happy to help with anything."

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the service's improvement plan and quality assurance documentation. These demonstrated the service's priorities for development and how they monitored the quality of provision within the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

People should experience high quality care and support that is right for them and be fully involved in all decisions.

We received positive feedback from people experiencing care about living in the home and how staff treated them. People told us they were supported by staff who cared for them. We observed positive interactions between staff and people and this created a relaxed atmosphere within the home.

In order to support health and wellbeing, care records should give clear direction about how to deliver people's care and support, as well as details of personal interests and preferences. Whilst the care documentation was generally well completed, the recording needed to be more person-centred and outcome-focused. We noted that new documentation was being implemented and the management acknowledged that this was a work in progress.

We saw that mealtimes were generally a positive experience, with meals served at tables in the communal sitting and dining rooms, or in people's bedrooms, according to personal needs and preferences. If people needed help with eating and drinking, this was provided in a kind and caring manner. This meant that mealtimes were a pleasant experience and enjoyed in a sociable atmosphere.

We found that some of the meal provision did not always reflect people's dietary or cultural needs. This gave us some concern around the accuracy and consistency of information being used to support people's dietary requirements. Some people who had been assessed as having difficulty swallowing did not always receive the appropriate texture modified diet to make eating and drinking as safe as possible. As a result, people could be placed at an increased risk of choking. We could not be assured that people always received food and drink to meet their religious beliefs. To ensure that people receive care that it is right for them, the provider requires to take action to improve in the areas we have highlighted. We acknowledged that some remedial action had been implemented during our visit. (See requirement 1)

We made a requirement at the previous inspection around the promotion and availability of activities for residents to participate in. We saw sufficient improvement to meet this requirement, but felt that the ongoing provision of activities still needed further development. We have made a recommendation in this respect. (See recommendation 1)

Requirements

Number of requirements: 1

1. To ensure that people's meals and snacks meet their cultural and dietary needs, beliefs and preferences, the provider must make sure that the approach to nutrition and hydration is reviewed and improved, by 31 August 2018, and to do so they must ensure that:

- a) Assessments and personal plans contain clear, relevant and up-to-date information on people's specific needs and wishes, with clear guidance to staff about how these will be met;
- b) A clear and effective system for reviewing these records is introduced to make sure any changes to people's needs are taken account of;
- c) If someone is assessed as needing a specialised diet, such as one that is texture modified, this must be provided; and
- d) Practice in this area is monitored to make sure people receive high quality care and support based on relevant evidence, guidance and best practice.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

It also complies with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 1

1. The service should improve how people can participate in activities that are responsive to their age, abilities and preferences. This ensures care and support is consistent with the Health and Social Care Standards, which state:

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

Grade: 3 - adequate

Quality of environment

Findings from the inspection

People should experience a high quality environment if the organisation provides the premises.

At the previous inspection, we made a requirement that the provider must devise and work through a refurbishment plan, including renovation and redecoration of the premises. We found that the refurbishment plan had been developed and implemented, which had resulted in a marked improvement to the general environment and some areas of the care home. We noted the commitment of the provider, staff and maintenance team to the completion of the refurbishment plan. However, in regard to work not yet undertaken, involving the decoration and maintenance of bedrooms and communal areas, part of the previous requirement is repeated because of improvement that is still needed. (See requirement 1)

We made a recommendation at the last inspection that the provider should improve the signage around the building. We discussed the service's plans to renew current signage, as part of the refurbishment plan, and align replacements with best practice guidance for people living with dementia. This had not been progressed. (See recommendation 1)

We found that checks were in place to ensure that the premises and equipment were maintained to keep people safe. This meant that the setting was secure and people had a safe place to live in.

We acknowledged that some work had been completed around the garden areas, with further scheduled as part of the refurbishment plan. We felt that the outdoor space was not used to its potential and noted that people could not go outside independently. This meant that the setting did not fully promote people's independence, as they could not freely choose to spend time outdoors.

We found that the majority of people spent all their time in the care home, even when they could, with support, be more involved in their local community. We asked the service to establish better links with the community to encourage the growth of informal support networks for people. This could help people have a sense of belonging and worth through contributing to the wider community.

Requirements

Number of requirements: 1

1. To make sure that people experience an environment that is well looked after with clean, tidy and well-maintained premises, the provider must work through a refurbishment plan, by 31 December 2018, which ensures the premises provide bedrooms and communal areas that are decorated and maintained to a standard appropriate to the care service.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

It also complies with Regulation 10(2)(a) & (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 1

1. The service should improve the signage around the building and to residents' bedroom doors to make it easier for residents to navigate around the building and locate their bedrooms.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People who experience care should be confident that the staff who support them are competent and receive training relevant to their needs.

We found that staff were recruited in a way which was informed by safer recruitment guidance and the process was well-organised and documented. We saw that an audit process had been introduced to ensure that procedures were followed consistently. This enabled people to benefit from safer recruitment principles being used.

We noted that the induction process had been developed to ensure that staff did not start work before they had sufficient knowledge and skills. We saw that there was a plan as to what was included in induction and there was sufficient time to ensure that staff understood all the information and what was expected of them. We heard from staff that shadowing was part of the process and there was ongoing discussion to ensure staff were clear about their roles and responsibilities. This meant that the induction process reflected and met the needs of people experiencing care.

We saw evidence that the service showed commitment to ensuring staff receive training appropriate to the needs of the people experiencing. Staff supervision had taken place and staff told us they found supervision beneficial and positive. They discussed practice issues, training needs and personal development. This ensured that staff used methods that reflected up-to-date knowledge and best practice guidance.

We saw that the management team regularly monitored the practice of staff and provided supervision and appraisal. This meant that staff had personal development plans and the formal opportunity to reflect on, or develop, their practice.

We found that people were cared for by staff who were competent and had received training that was relevant to people's needs. This helped ensure that people felt valued and received appropriate support. We saw that the staff were skilled in delivering care and showed compassion and respect in their interactions with people experiencing care. We noted that staff spent meaningful time with people, so that their health and social care needs could be met.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

People who experience care should expect that the service is managed and led well and that there are systems in place to regularly check the quality of the service and improve it.

We felt that the leadership at the service was effective and the management team we met during the inspection led by example. They were visible role models, enthusiastic about what they did and were well known to people experiencing care. They sought to achieve the best possible outcomes for people experiencing care and this was shaped by people's views and needs.

The management team provided good leadership and support to a motivated staff team. We asked the service to consider the promotion of leadership roles, or champions, throughout the staff team. This could enable staff to feel empowered to help identify solutions for the benefit of people experiencing care and make decisions consistent with their roles. We felt that people experiencing care benefitted from a more supportive and respectful culture.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Quality assurance and monitoring systems had been developed and the performance of the service was being monitored regularly. We acknowledged that remedial action had been implemented around the monitoring of people's nutritional and dietary needs during this inspection visit.

We noted that there was a clear commitment to the maintenance and improvement of standards and ongoing development. Collaborative working with the management team from the service's sister home, whose input we acknowledged and welcomed, had enabled and supported this.

People should be encouraged to be involved in improving the service they use, in a spirit of genuine partnership. From the evidence we have examined at this inspection, we could see that there was an assurance to continually improve the quality of the service for the people who use it. We asked the service to include people experiencing care more in the quality assurance systems and activities. People told us they would be comfortable giving feedback and raising any concerns, as they knew they would be acted on without negative consequences.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must promote residents' wellbeing, good physical and mental health the service provider must ensure that activities are available for residents to take part in a day-to-day basis and that those activities are responsive to the age, abilities and preferences of residents.

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).

Timescale: For completion by 30 November 2017.

This requirement was made on 8 June 2016.

Action taken on previous requirement

We found that residents now had increased provision of activities throughout the week, including karaoke evenings, ball games and quizzes. Some people had been supported to go on outings. The new manager told us about her plans going forward.

However, currently the provider had decided not to provide dedicated hours for activity provision each week. Overall, there had been good progress towards meeting this requirement and we saw sufficient evidence to meet this requirement. However, we felt that the ongoing provision of activities still required further development. We have made a recommendation in this respect.

Met - within timescales

Requirement 2

The provider must ensure that the care home is fit to be used for the purpose of a care home and protects the health, welfare and safety of residents. In order to do so, they must devise and work through a refurbishment plan that ensures the premises:

- a) provide each resident with a bedroom that is free from offensive odours.
- b) provide each resident with a bedroom where the heating can be individually controlled.
- c) provide each resident with a bedroom that is decorated and maintained to a standard appropriate for the care service.
- d) provide communal living areas that are decorated and maintained to a standard appropriate to the care service.

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) and Regulation 10 (2)(a)(c)(d).

Timescale: For completion of parts a) and b) by 31 August 2017.

For completion of parts c) and d) by 31 December 2018.

This requirement was made on 14 June 2017.

Action taken on previous requirement

We found that the refurbishment plan had been developed and implemented, which had resulted in a marked improvement to the general environment and some areas of the care home. We noted the commitment of the provider, staff and maintenance team to the completion of the refurbishment plan. We have amended the requirement to acknowledge this commitment and work completed. However, in regard to work not yet undertaken, involving the decoration and maintenance of bedrooms and communal areas, the requirement is repeated and matched against the Health and Social Care Standards.

Not met

Requirement 3

The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users - (a) ensure that at all times suitably qualified and competent persons are working in the care service. In order to do this they must:

- a) Ensure that all nursing staff who work in the service are appropriately registered with the Scottish Social Services Council (SSSC), including the correct place of work and job role.
- b) Have a system in place to regularly check that care staff have their continued registration with the SSSC.
- c) Have a system in place to regularly check the registration status of new care staff.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 15 (1)(a).

Timescale: to be completed by 31 August 2017.

This requirement was made on 14 June 2017.

Action taken on previous requirement

Systems were now in place to govern the process of staff registration and we saw evidence of its implementation.

Met - within timescales

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

Previous recommendations

Recommendation 1

It is recommended that the provider improve the signage around the building and to residents' bedroom doors to make it easier for residents to navigate around the building and locate their bedrooms. This is in accordance with the National Care Standards for Care Homes for Older People, Standard 4 - Your environment.

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

We discussed the service's plans to renew current signage, as part of the refurbishment plan, and align replacements with best practice guidance for people living with dementia. This recommendation had not been implemented and is repeated, with additional reference to the Health and Social Care Standards.

This recommendation had not been met.

Recommendation 2

It is recommended that the provider ensure the training plan is implemented to completion. Staff should be monitored to measure the impact the training has on practice. This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing.

This recommendation was made on 8 January 2016.

Action taken on previous recommendation

We found that a training matrix was now in place to allow the new manager to create a training plan. A member of staff had been trained to deliver moving and handling training last week to allow them to train new and existing staff. The home had linked with Glasgow City Council for some training provision too.

This recommendation had been met.

Recommendation 3

It is recommended that all staff be educated about dementia in line with "Promoting Excellence Framework" taking account of their roles and responsibilities. This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing.

This recommendation was made on 8 June 2016.

Action taken on previous recommendation

This had taken place and some dementia training and stress and distress training has been arranged for staff with Glasgow City Council.

This recommendation had been met.

Recommendation 4

The service should develop personal plans to ensure that all sections contain the most up to date information and that additional paperwork, including ABC charts are also kept up to date. National Care Standards, Care Homes for Older People, Standard 6 - Supporting arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

We sampled this and found that, overall, personal plans provided a good level of detail to guide staff on how best to support each person.

This recommendation had been met.

Recommendation 5

The service should ensure that consent is in place for residents who use bed rails. Mental Welfare Commission A34426: Consent to treatment.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

We found that systems were in place to monitor the use and consent for all processes.

Recommendation 6

The service should ensure that all staff receive a meaningful induction to the service. This should include an assessment of competencies achieved to allow for a decision to be made at the end of their probation period. National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

We noted that the induction process had been developed to ensure that staff did not start work before they had sufficient knowledge and skills. We saw that there was a plan as to what was included in induction and there was sufficient time to ensure that staff understood all the information and what was expected of them.

This recommendation had been 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
8 Feb 2018	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
14 Jun 2017	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 3 - Adequate 4 - Good 3 - Adequate
20 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
8 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
3 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership
		2 - Weak 2 - Weak 2 - Weak 2 - Weak
31 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership
		1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory 1 - Unsatisfactory

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