

# Rowandale Nursing Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

2 August 2018

**Service provided by:**

Forth Care Limited

**Service provider number:**

SP2014012365

**Service no:**

CS2014333132

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

The service has been registered with the Care Inspectorate since 24 April 2015.

Rowandale Nursing Home is a care home for older people. The home is privately owned by Forth Care Limited and provides nursing and social care for older people, some of whom may have mobility issues or have dementia.

The accommodation is a converted church of four floors, with three floors in use as the care home and staff offices. There are 28 bedrooms all of which have en-suite shower and toilet facilities and each unit has its own sitting and dining room.

People who experience care have access to a small patio sitting area to the front of the building with a raised deck and some garden furniture.

The home is situated in the south side of Glasgow in a quiet residential area but close to motorway and public transport links. The home is near to public parks, centres of religion, theatre, shops and cafes.

At the time of the inspection the care home had four vacancies.

## What people told us

No completed care standards questionnaires were received prior to the inspection from people who use the service, two were returned from relatives and carers.

During the inspection we spoke with people who experience care and their visitors and there were wide variances on their opinion of the care service and support provided. There were some unfavourable reports regarding the food and described the menu as "basic".

"Happy here"

"Staff nice most of the time"

"Very unhappy because there are no activities just the TV in the lounge all day. The cleaning is dreadful. Cup of tea is given without biscuits. There are no residents or relatives' meetings"

"Cannot remember when I was last out. There is no entertainment or offered anything to join in with and no church support. I don't know the manager and there are no residents' meetings"

"There is a pool table and going to an "Army Place" tomorrow by bus"

"Food has got worse and not very big portions, they've cut right back. Activities organiser has left. There is the TV and we used to have dominoes and cards but not now. I've been taken to the Museum and on a Barge. The staff are alright but when I complain no one listens".

**From this inspection we evaluated this service as:**

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

**How well do we support people's wellbeing?**

**3 - Adequate**

Due to the high levels of cognitive impairment and persons with a diagnosis of Dementia not all people who experience care were able to tell us themselves about how their lives are supported.

We observed staff practice by carrying out a short observation (SOFI2) in two different units and noted that people were treated with dignity and respect and supported by trained nursing and care staff. The people experiencing the care were observed to be comfortable in the presence of the staff who engaged with them to meet their individual choices and wishes.

The care plans sampled were sufficiently detailed to inform staff on how they should provide support for an individual and their preferences, assessed needs with support plans and risk assessments. We found that the care plans could be more person centred with evaluations that reflect if the planned care had resulted in the desired outcome and how the resident had benefitted from this or what further action was needed. (See Area for Improvement 1)

The health and wellbeing of people who use the service was supported by the inhouse nursing staff and local health professionals who visit the residential home, including podiatrist and optician. All residents' medication are stored in individual pods in their bedrooms to promote privacy and dignity. Staff were observed to administer medication in public areas which can compromise the individuals' privacy and dignity. The service provides staff with a treatment room for the storage of specific medication including prescribed controlled drugs to protect the health and safety of people who experience care. The outcome of inhouse medication audit and reviews could be more robust to protect the welfare and safety of people who experience care.

Those persons who participated in the inspection on the second day provided a theme that communication was poor and activities were not as frequent as they had previously been due to the activities organiser having left. There was a lack of visible choice for residents to have an active life and participate in a range of recreational, social, creative, physical and learning activities on the days of the inspection, both indoors and outdoors. We observed in the public areas the TV was the focal point and most residents had chosen to spend time alone. Records reflected that a very small number of people had been out on trips to places of interest. The patio garden had been used during the summer weather. Those people spoken to during the inspection told us that if they made a complaint no one listened and there had been no residents' meetings for a long time. Although the dining tables were well presented we were told that the dining experience could be made better through the quality of food choices and improved portion sizes. (See Area for Improvement 2)

The use of the Short Observational Framework Inspection (SOFI2) and other observation of practice recorded and concurred with what people told us that they have very limited choices to participate in activities. Activities should be appropriate and meaningful to the people who experience care through personalised interactions with staff to improve their individual physical and mental health outcomes in opposition to a task focussed approach to care. (See Area for Improvement 3)

## Areas for improvement

1. The service provider should ensure that assessments relating to the care needs of residents are accurately completed and link to clear strategies to address the identified need. Care reviews should reflect outcomes being achieved as a result of the support and care provided.

This ensures that support is consistent with Health and Social Care Standards: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1:12) and 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1:15).

2. The provider should ensure people who experience care are provided with opportunities to meet and share with the catering staff their likes and dislikes and discuss menu planning. The provider should ensure that there is a feedback facility available regarding the dining experience which is underpinned by the inhouse audit system.

This ensures that support is consistent with Health and Social Care Standards: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1:33) and 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1:38).

3. The service provider should ensure that there are greater opportunities for all residents to participate in activities that are beneficial and meaningful to them.

This ensures that support is consistent with Health and Social Care Standards: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning opportunities every day, both indoors and outdoors' (HSCS1.25) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**How good is our leadership?****3 - Adequate**

Feedback from speaking to people who experience care and their relatives told us they were not all familiar with who the care home manager was. The manager told us that they were very knowledgeable of the service as they had been an employee for many years and in this post for over a year. People who use the service could be confident that their safety was protected through the organisations use of safer recruitment procedures and the necessary qualifications for registration purposes.

People told us that communication and consultation could be improved and their views will always be sought and choices respected, including when they have reduced capacity to fully make their own decisions. They told us there was a lack of resident and relatives' meetings by the organisation even though this had been a recommendation at the last inspection. There was a lack of evidence that staff meetings take place to gather views regarding the continuous development of the service or the outcomes for individuals by their placement at the service.

The outcomes for the people who use the service is monitored through the implementation of the provider's quality assurance systems and audit processes. They evaluate inputs and improve and monitor outcomes for various topics including reviewing care plans and medication to enhance the daily living for each person. The completion of audit documentation and systems requires to be more robust. The care plan reviews should provide the detail to deliver the individuals care and support on a day to day basis so that staff know what they are expected to do and this is inclusive of creating capacity for the individual to say who they wish to provide their care and support in an outcome focussed and person centred manner. (See Area for Improvement 1)

On a daily basis trained staff attend a shift handover to raise awareness and have a more effective understanding of impacts for people who use the service. We observed that not all staff on shift are present at this information sharing meeting and rely on a further dissemination of details regarding residents' status and to meet the individuals assessed needs of the day. A break down in communication could compromise the confidence of people who experience care if all staff are unable to anticipate issues or are not aware of the individuals' vulnerability or frailty.

The observation of practice through the short observation framework (SOFI2) highlighted areas for development, such as promoting staff competency checks to review the implementation of training received in areas of communication, listening skills and interactions with people who experience care to enhance their daily living and reduce stressed and distressed behaviour, to feed into staff supervision meetings.

The care service has developed an improvement plan but we observed that it could be clearer of the priorities and timescales for completion of the goals. (See Area for Improvement 1)

**Areas for improvement**

1. The provider should ensure they have a current overview of the care service and the service improvement and development plan is monitored and reviewed at identified and reasonable timescales.

This ensures that support is consistent with Health and Social Care Standards: 'I have confidence in the organisation providing my care and support. I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4:19) and 'I use a service and organisation that are well led and managed' (HSCS 4:23).

## How good is our staff team?

## 3 - Adequate

The provider had a recruitment and selection process and guidance in place, so that residents could be confident they were being safely supported by people who have a clear understanding of their responsibilities. People are confident that they are supported by a stable workforce, the majority of whom are experienced and are provided with mandatory and specialised training and support to do their jobs and meet individuals assessed needs. Staff told us they were supported to carry out their roles and responsibilities by DVD style learning and occasional classroom sessions to ensure they are fit to practice and meet the individualised needs of those who experience the service.

Staff who took part in the inspection told us that team meetings had not taken place for some time and they were unaware of any planned date for the future. The health and wellbeing and safety of people who experience care could be compromised by lack of opportunity for team building, good communication and confidence that they are supported by people who work well together. (See Area for Improvement 1)

Plans to support staff achieve an SVQ/NMC revalidation were currently being developed. This will support staff to maintain registration with relevant professional bodies the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). 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 and direct all employees to and source such training courses to meet their roles and responsibilities, registration requirements and with a focus on how to meet the assessed needs of residents. However we found the service lacks a training audit for the workforce to create an embedded learning culture to assist staff to identify their strengths, interests and personalised gaps in learning. A clear system would make it easier to see what courses have been requested and when training was due or out of date. (See requirement 1)

## Requirements

1. The provider must carry out a staff training audit, develop a training matrix and ensure staff have relevant up to date training so that people experience a high quality of care and support that meets their individual assessed needs.

This should include but not restricted to:

- Care Planning
- Dementia Standards - Promoting Excellence
- Health and Social Care Standards
- Hotel type services - planning and auditing
- Infection Control
- Maintenance
- Nutrition and menu planning

- Promoting Continence Care
- Scottish Vocational Courses to meet individual's roles and responsibilities
- Senior Management development programme
- Speech and Language (SALT)
- Storage of foodstuffs and use of publications relevant to care home services

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 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 31 October 2018

## Areas for improvement

1. The home should develop a plan to ensure staff are supported to maintain their capacity to practice through the provision of a framework of meetings to aid communication, discuss best practice, reflect on daily experiences and continuous development of the service.

This ensures that support is consistent with Health and Social Care Standards: 'I have confidence in people who support and care for me - I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3:14) and 'People have time to support and care for me and to speak with me' (HSCS 3:16).

## How good is our setting?

### 2 - Weak

Rowandale care home is situated in one of the busy Glasgow southside communities and people who experience care could be offered the opportunity to be an active member of the local community if appropriate and if they so wish. The building has security systems in place to protect the welfare of people who use the service and their visitors. The freedom to wander unsupervised to the smoke-room, hairdressers, use the stairs, the passenger lift and the unsecure garden area by people who experience care is not possible due to the restrictions of a listed building which could compromise individuals health and safety. The service was directed to the Mental Welfare Commission publication Rights, Risks and Limits to Freedom for guidance.

Rowandale Care Home offer individual bedrooms with ensuite facilities. We observed a number of people have personalised their rooms and like the comfort of having familiar items around them. The care home also provided communal bathing facilities with specialised equipment to provide independent or staff assisted personal care.

The premises had been adapted, equipped and furnished to take account of the building being a converted church. The majority of people who experience care have a diagnosis of dementia and live in small groups of nine or ten persons in each of the three units. We observed the dementia units were not implementing best practice such as signage and colours for decoration; lighting at lux levels preventing shadows that could impact on frequency of falls for those with mobility issues or visual impairment; individuals bedrooms have names and numbers on the outside however these are not within the natural eyeline but offset to the side of the door which could inhibit orientation.

We found the home had some malodours and general cleanliness of areas of high traffic such as communal toilets and bathrooms could have been of a higher standard to protect all parties through the implementation of good infection control. The kitchen area, located in the basement was observed to have a low level of care and attention to cleanliness, storage of dry goods and fresh foodstuffs which could compromise the health and welfare of the people who experience care. (See Area for Improvement 1)

When we looked at maintenance records we found they were kept by an identified member of staff, including specialised equipment such as hoists, slings and the nurse alarm call system. This contributed to resident confidence that their safety was important to the provider but we observed the cleanliness of the extractor systems used to remove moisture could be improved to protect the air quality for people who experience care and the effectiveness of the equipment. (See Area for Improvement 2)

The service completed generic and individualised risk assessments to improve health and safety and reduce the possibility of accidents and incidents.

Within each of the units, visitors and people who experience the care have access to pantry areas. One resident was observed to be caring for themselves through the retention of daily living skills by making their own snacks and hot or cold fluids. The majority of residents were not being encouraged or were unable to assist themselves and relied on the support of the staff to enhance their nutrition and hydration between mealtimes.

## Areas for improvement

1. The provider should ensure that all people who experience care or visit the service are protected by the implementation of a planned cleaning schedule and adherence to the provider's Infection Control policy and procedures to ensure no malodours and reduce risks throughout the home and in the kitchen area.

This ensures that support is consistent with Health and Social Care Standards: 'I experience a high quality environment if the organisation provides the premises - My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5:18).

2. The provider should ensure that through the implementation of their maintenance systems and the audit process that the upkeep of equipment, including extractor systems in bathroom and smoke room, meet the frequency of cleaning and servicing.

This ensures that support is consistent with Health and Social Care Standards: 'I experience a high quality environment if the organisation provides the premises - I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5:22) and 'If I live in a care home I can control the lighting, ventilation, heating and security of my bedroom' (HSCS 5:12).

## How well is our care and support planned?

**3 - Adequate**

Each person who experiences care in this service did have a care plan. The management has already identified the requirement to upgrade the care plans. The care plans sampled lacked being person centred or outcome focussed and the standard of information contained in the file could be further developed from the original social work documentation. The service in consultation with the residents and their relatives provide detail in the care plan that is right for the individual and set out in such a way as to direct staff as how to meet and support the assessed needs as well as the individuals' wishes and choices. (See requirement 1)



As part of the improvement agenda the proposed new care plans should capture what the individual can do and provide clear direction to staff how to provide person centred support thus enabling the individual to retain daily living skills, reach their potential goals and quantify the measurable changes in each individual's life. This would include those individuals who require support to refresh their daily living skills as they plan to return to their own accommodation in the community. (See area for improvement 3 - repeated from inspection of 6 September 2017)

The service has a system in place to plan care plan review meetings to take place a minimum of six monthly. The review minutes sampled lacked the details of who was invited in advance of the event, was feedback gathered pre-review from the resident, methods of communication or new technology to aid the discussion by all interested parties and the planned outcomes were they measurable and re-reviewed at the next six monthly review.

The care staff complete the provider's audit process of all contents, specific care plans, that make up the individuals' main plan, such as pressure sores, residents losing weight and the quality of information held in care plans. A monitoring brief of the outcome of the audit processes would ensure the management and provider were aware of any issues or trends and how staff were dealing with them. (See areas for improvement 1 and 2)

## Requirements

1. The provider must have person centred outcome focused care plans that detail how residents prefer their support to be carried out. Charts used to monitor residents' health must be fully completed.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), 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 2018.

## Areas for improvement

1. The Provider should ensure the full involvement of people who experience care and their advocates in the development of an outcome focussed and measurable care plan for each individual including the six monthly review documents.

This ensures that support is consistent with Health and Social Care Standards: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1:15).

2. The provider should review the Health Improvement Scotland approach - "My Anticipatory Care Plan" and this document is accessible to people who use the care service and could be considered as part of the care plan improvement work for the organisation.

This ensures that support is consistent with Health and Social Care Standards: 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability and frailty' (HSCS 3:18).

3. This recommendation is repeated from the inspection of 06 September 2017.

It is recommended that the staff work in consultation with service users and their family/representatives to develop an individualised plan of social activity which takes account of any identified social and cultural interests. The service should regularly review the care plan and record agreed actions to ensure that people's needs are being met.

This ensures that support is consistent with Health and Social Care Standards: 'I experience high quality care and support that is right for me - I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9) and 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).

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

### Areas for improvement

#### Previous area for improvement 1

It is recommended that the staff work in consultation with service users and their family/representatives to develop an individualised plan of social activity which takes account of any identified social and cultural interests. The service should regularly review the care plan and record agreed actions to ensure that people's needs are being met.

National Care Standards Care Homes for Older People: Standard 12 - Lifestyle.

**This area for improvement was made on 6 September 2017.**

#### Action taken since then

Relatives interviewed during the inspection were very unhappy with the lack of activities and told us there were no residents or relatives' meetings.

There was evidence of a planned activity for the second part of 2018 such as chair dancing. In the first half of 2018 the records show that a very small number of people, recorded as two persons, who experience care have been on trips to Transport Museum, Strathclyde Park for picnic and see the water and wildlife during the previous few months. Four residents went to South Queensferry in the Springtime.

Some staff referred to hospital appointments in the same category as activities.

This recommendation is not met and has been repeated.

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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