

## Springboig Care Home Care Home Service

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Springboig  
Glasgow  
G32 0AD

Telephone: 0141 766 0005

**Type of inspection:**

Unannounced

**Completed on:**

12 February 2019

**Service provided by:**

Care Homes (Scotland) Ltd

**Service provider number:**

SP2007008815

**Service no:**

CS2007142131

## About the service we inspected

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 was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Springboig Care Home provides care and support for 70 persons in a purpose built building located in the north-east of Glasgow. The provider is Care Homes (Scotland) Ltd.

The service has three floors due to the building being built on a slope. The first and second floor units have care groups for Nursing and Dementia. The ground floor provides support to a maximum of ten people who have a diagnosis of Dementia or a cognitive impairment.

People who use the service have individual bedrooms with full ensuite facilities. There are communal lounges and a dining room within each of the units.

There is a garden area to the rear of the property for use by all persons who use the service. To the front of the property offers car parking facilities and a number of seating benches.

The care home has a published mission statement "Springboig Care Home strives to provide consistent high standards of care at all times".

At the time of the inspection the care service had 15 vacancies.

## How we inspected the service

Two inspectors visited the home on an unannounced basis to look at progress made since the previous inspection in June 2018. The following activities were carried out over the course of inspection:

- observing resident and staff interactions
- observing staff practice
- speaking with residents, relatives and carers
- interviewing the registered manager,
- speaking with staff including administrative, nursing staff, care assistants, hotel type services, maintenance, activities coordinator
- carrying out an environmental inspection and looking at environmental/equipment checks carried out by the service
- examining records relating to care planning, assessment, reviews and activity records
- looking at systems and records in place for medication management and administration of medication
- reviewing audits and quality assurance systems in place
- examining accident/incident records
- looking at staff training and development records.

Feedback on our findings was provided to the owner provider, registered manager, depute and unit manager, and representative of the Health and Social Care Partnership contracts and compliance department at the end of the inspection.

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

Feedback from people who use the service who were spoken to during the inspection process, were in the majority of cases positive regarding the service they receive.

## Taking carers' views into account

Feedback from relatives or advocates of people who use the service were in the majority of cases positive regarding the service they receive.

People were concerned that there had recently been another change of registered manager for the care service and the ongoing uncertainty regarding the possible or probable sale of the care home and the impact for their loved ones.

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

### Previous requirements

#### Requirement 1

The provider must ensure that staff practice and recording ensures that residents' rights are upheld and wellbeing maintained when they are supported with medication, care of skin and wounds, legal status, and have an overview of the whole service.

This must include but is not restricted to:

- Health care audits such as medication, wounds, weights, food and fluid, falls and continence
- Action plans of all audits to be regularly reviewed to ensure issues are dealt with.
- Quality of care plan information

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

(1) A provider must

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

Timescale: to commence on receipt of this report and to be fully implemented by 9 September 2018

This ensures that support is consistent with Health and Social Care Standards: My human rights are protected and promoted and I experience no discrimination (HSCS 1.2) and any treatment or intervention that I experience is safe and effective (HSCS 1.24)

**This requirement was made on 15 August 2018.**

#### Action taken on previous requirement

Sample of audits and frequency of them taking place was kept in the "Audit Folder".

To improve outcomes for people who experience care there was evidence that medication, weights, wound management, nutrition and falls were being completed and when evidence of unexpected weight loss is noted a food and fluids record is put in place for an individual.

The service has good relationships with the Care Home Liaison Team who provide professional guidance for staff.

Discussed with the manager the Nutritional Audit which has been piloted in a small unit and is still to be rolled out in other units. We discussed the need to triangulate evidence to ensure efficiency and effectiveness of systems and outcome of data collection. We were advised that a nutritional matrix has been introduced in each unit.

The care plans sampled were informative and directed staff "how to" deliver care to meet the needs and wishes of the individual.

We discussed with the manager that there were documents within specific care plans that had not been completed or were not required and had been left blank. The completed weekly or monthly calculations in the charts within specific care plans could have been more accurate to prevent poor outcomes for people who experience care.

## Met - within timescales

## 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

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. (HSCS 1.12) and (HSCS 1.15)

**This area for improvement was made on 6 June 2018.**

### Action taken since then

Service had Care Plan Review Folder with schedule of planned for reviews. Review content is narrow. Could be more focussed and linked to the Health and Social Care Standards for example how is the individual included in planning their care and how their wellbeing could be improved.

Sampled care reviews were not outcome focused and records could have been more robust covering health needs and effectiveness of the care and support received.

We discussed with the manager that not all reviews took place within the legal framework of a minimum of six monthly.

This area for improvement is not met.

### Previous area for improvement 2

The service provider should ensure that there are greater opportunities for all residents to participate in activities that are beneficial to them. (HSCS 1:25) and (HSCS 2:22)

**This area for improvement was made on 6 June 2018.**

#### Action taken since then

There is one member of staff with the role of Activities Co-ordinator. She has identified the need to increase the contact on a 1-1 basis.

All staff require to be trained so that they can be proactive and engage in the organisation and delivery of events for people who experience care to enhance their daily living.

There has been an inhouse survey but there was only a third of the possible responses received. The service has a challenge on how to capture the views of all people who experience care.

The service has indicated that they are going to employ a second person to facilitate activities.

This area for improvement is not met.

### Previous area for improvement 3

The provider should publicise and explain to all parties the opportunities within 24 hour care for the usage of or accessibility to varying formats of new technology to reduce the opportunity of individuals experiencing isolation and ensuring an ease of communication by people who use the service and their family and friends, community and wider world. (HSCS 5:10)

**This area for improvement was made on 6 June 2018.**

#### Action taken since then

The service has set up WiFi which assists those who have their own smart technology and phones, tablets and laptops to use them in their own bedrooms at times that suit their lifestyle. People who experience care can access the tablet which is the property of the service.

Calendar of meetings are planned for 2019 and there were previous minutes of the Autumn 2018 meetings chaired by the manager and record what was discussed and by whom and if any action plan was generated.

The service must ensure that GDPR policy and social media policy protects all persons, including the use of photographs.

This area for improvement is met.

## Previous area for improvement 4

The provider is referred to the Mental Welfare Commissions publication Rights Risks and Limits to Freedom, the Human Rights Act and the Kings Fund Tool. The service should with the support of these publications create an action plan with timescales to improve the outcomes for people who experience care with regard to the safe movement between the interior and exterior of the home and probable reopening of the ten bedded enhanced residential unit.

This list should not be seen as exhaustive:

- (1) Programme for the upkeep of the ground and removal of overgrown foliage
- (2) Assess the trip hazard created by direct access to a flight of steps for unsupervised residents
- (3) Assess the insecurity of the gardens which have direct access to the car park and exit from the premises
- (4) Review the capacity for people who use the service to potter in the gardens and access to the underutilised raised flower beds
- (5) Review the capacity of the gardens and grounds to accommodate seating to cater for up to a maximum of seventy residents.
- (6) Risk assess the underfoot conditions to ensure that the drying green can be accessed by individuals who wish to participate in the meaningful activity of washing and hanging out their clothing.
- (7) The service should create a protocol for the storage of and prompt disposal of broken equipment.

The provider should submit a copy of this action plan to the Care Inspectorate. This ensures that support is consistent with Health and Social Care Standards: I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support (HSCS 5:1) and I can independently access the parts of the premises I use and the environment has been designed to promote this (HSCS 5:11)

**This area for improvement was made on 6 June 2018.**

### Action taken since then

The service provided a copy of their refurbishment plan making use of the traffic light system to highlight order of work. There was no date on the plan showing when it was created, reviewed and who the responsible person was to action each item. The plan is not clear with specified targets with timescales for completion or why the target has not been met.

The owner/provider had sourced one quote in July 2018. During the inspection the owner/provider engaged a company to implement an upgrading programme in Spring 2019 for the exterior of the care home.

The upkeep of the ground and removal of overgrown foliage has not commenced.  
There continues to be direct access to a flight of steps for unsupervised residents.  
The home continues to have no gates to secure the grounds.

People have access to a greenhouse and can potter about as there are raised flower beds which are now accessible.

The rear gardens and front grounds have a selection of bench seating for up to 20 persons.

The owner/provider took the action to remove and will resite the clothes drying area so that individuals who wish to participate in the meaningful activity of washing and hanging out their clothing can do so.

There was no broken equipment visible to the front of the building during the inspection.

This area for improvement is not met.

### Previous area for improvement 5

The provider and service should engage with people who experience care and their relatives to identify those who would be keen to participate in and assist with the recruitment and interview process for persons who have applied for nursing and care vacancies.

This ensures that support is consistent with Health and Social Care Standards: I can take part in recruiting and training people if possible (HSCS 4:9)

**This area for improvement was made on 6 June 2018.**

#### Action taken since then

The service has implemented the use of Safer Recruitment Better Recruitment but there was evidence that they were not using the guidance robustly to protect people who experience care.

The service told us that residents had been invited to take part in the interview process but they preferred to provide questions. There was no evidence to confirm this participation in the recruitment of new staff.

This area for improvement is not met.

### Previous area for improvement 6

The provider and service should audit the training requirements of the whole workforce and generate an outcome focussed action plan identifying priorities and timescales as to how they will meet all targets set by the appropriate agencies, SSSC and NMC, and create a well-trained and motivated workforce to meet the assessed needs of people who use the care service.

This ensures that support is consistent with Health and Social Care Standards: I experience high quality care and support because people have the necessary information and resources (HSCS 4:27)

**This area for improvement was made on 6 June 2018.**

#### Action taken since then

The service has a training calendar in place for all employees.

The service has written guidance for staff to access Independence Training Allowance.

The service had identified how many staff would complete training for trainers for Moving and Handling.

There was evidence of the number of care staff who are suitably qualified and on the SSSC register or participating in training required for registration purposes.

There was also evidence regarding those nurses who are due to complete their validation with NMC.

The service should continue their conversation and set up an action plan for those staff who do not wish to complete training to ensure they are registered and fitness to practice.

This area for improvement has 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](http://www.careinspectorate.com).



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