

Rowandale Nursing Home Care Home Service

620 Shields Road
Pollokshields
Glasgow
G41 2RD

Telephone: 0141 423 9145

Type of inspection:
Unannounced

Completed on:
5 February 2019

Service provided by:
Forth Care Limited

Service provider number:
SP2014012365

Service no:
CS2014333132

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

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 six 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 August 2018. The following activities were carried out over the course of inspection:

- Observing resident and staff interactions
- Observing staff practice
- Speaking with four residents
- Interviewing the registered manager, six staff including 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 registered manager, two senior staff 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

During the inspection we spoke with people who experience care and their visitors and the majority were happy with the care and support received.

Taking carers' views into account

There were no carers or visitors available to interview during this inspection.

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

Previous requirements

Requirement 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

This requirement was made on 2 August 2018.

Action taken on previous requirement

Training - "Elfie" online learning has been introduced for all staff.

Mandatory training - this is split into dates of when staff must complete after joining the service.

Induction programme - Week 1 - Fire Awareness; Moving and Handling Theory.

Over next 2 months - Adults with Incapacity; COSHH; Documentation and Record Keeping; Safe guarding and protection of Adults; Fluids and Nutrition

Management can interrogate the system and print off courses completed.

Other courses available: Falls; Pressure Ulcer Prevention; Infection Prevention; End of Life Care; Data Protection; Health and Safety; Equality and Diversity; Medication; First Aid and others

Training needs have been identified and these details have been sent to the providers headquarters.

Met - within timescales

Requirement 2

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.

This requirement was made on 2 August 2018.

Action taken on previous requirement

There was evidence that the service has been working to achieve this requirement but it is not met and will be repeated and followed up at the next inspection.

The care plans sampled were written in the first person and were person centred.

The service decided to change to new paperwork after the last inspection and this being used for the new admissions care plans. We observed paperwork is not being used in totality and there were a number of blank sections.

The action plan the service set themselves a target however it was too low per month and they will not have completed the conversion of all 28 care plans to the new format by April 2019.

There was evidence that the service had requested the provider for the provision of new technology to assist staff to type up care plans on the new paperwork. This has not yet taken place and there was no timescale for that to take place.

Health charts are in use and data captured. The service requires to develop a robust follow up to the highlighted poor outcomes captured through the audit and scrutiny of the data to improve outcomes for people who experience care.

Not met

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 2 August 2018.

Action taken since then

The service has started the use of new care plan paperwork. The service makes use of assessments of care needs such as tissue viability, MUST tool for weights and Waterlow for pressure ulcers.

The outcomes of these assessments do provide "how to" direction for staff to deliver care and support.

This area for improvement is met.

Previous area for improvement 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. (HSCS 1.33) and (HSCS 1.38)

This area for improvement was made on 2 August 2018.

Action taken since then

There was evidence that parts of this area for improvement had commenced but not yet completed in full.

Each dining room now has a comments book in place so that people who experience care can give their opinion of the menu. The records reflect intermittent usage of the comments book and not all people for each unit area asked for their feedback.

There was no evidence that the contents and views had been audited by the management and/or catering staff and had had an influence of the menu content.

There was a lack of evidence that the menu contents and their nutritional content had been checked by a dietician.

Area for improvement is not met.

Previous area for improvement 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. (HSCS 1.25) and (HSCS 2.22)

This area for improvement was made on 2 August 2018.

Action taken since then

The provider has delivered Physical Activity training and employed a designated Activities Co-ordinator.

We thought that the provider could provide training to all staff to ensure that people do not experience a drop in meaningful activities in the absence of the Activities Co-ordinator.

There were posters advertising events and a calendar but the noticeboard is outside the units and not visible to people who experience support.

People who experience care have a daily log within their care plan recording what activities they have participated in and the outcome for them.

This area for improvement is met.

Previous area for improvement 4

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. (HSCS 4.19) and (HSCS 4.23)

This area for improvement was made on 2 August 2018.

Action taken since then

The service has since the last inspection put a development plan in place and the manager is monitoring it.

We remind the service to ensure that people who use the service, carers, staff and other stakeholders should be invited to contribute to the development plan and be made aware of the progress and be an agenda item at all meetings.

This area for improvement is met.

Previous area for improvement 5

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. (HSCS 3.14) and (HSCS 3.16)

This area for improvement was made on 2 August 2018.

Action taken since then

There has been one meeting for the staff of all roles and responsibilities since the last inspection.

The agenda content was more focussed on business issues and not about discussions on practice.

We will revisit this Area for Improvement at the next inspection to review if a framework of meetings are embedded in the life of this care service.

This area for improvement has not been met.

Previous area for improvement 6

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. (HSCS 5.18)

This area for improvement was made on 2 August 2018.

Action taken since then

Outstanding job is the replacement of floor covering in the kitchen corridor and back stairwell since November 2018 with no date for completion.

The overall cleanliness of the care home has improved with no malodours. There has been some areas of re-decoration taken place since the last inspection.

A written cleaning schedule has been generated.

We have asked the management to review the priorities of the daily cleaning schedule and the capacity for one person to complete everything within their allocated hours.

This area for improvement is met.

Previous area for improvement 7

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. (HSCS 5.22) and (HSCS 5.12)

This area for improvement was made on 2 August 2018.

Action taken since then

The service has a designated maintenance person who is employed a couple of days per week to carry out tasks and retain maintenance records.

The extractor fans, especially in the smoke room, were observed to have been cleaned.

This area for improvement is met.

Previous area for improvement 8

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. (HSCS 1.12) and (HSCS 1.15)

This area for improvement was made on 2 August 2018.

Action taken since then

The care plans sampled where the new paperwork is in place do not show a record of the review process having taken place and the minute filed in the care plan.

The service has a chart in place recording the planned and actual dates the individuals reviews have taken place. It shows that both the initial assessment after admission and the minimum six monthly reviews thereafter are not taking place within the legal timescale.

This area for improvement has not been met in full.

Previous area for improvement 9

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. (HSCS 1.12) and (HSCS 3.18)

This area for improvement was made on 2 August 2018.

Action taken since then

The provider's new care plan paperwork includes a section for "Last Wishes and Anticipatory Care Plan (ACP) and Verification of Death" is in place. The service can access the ACP publication should they chose.

The provider is planning to deliver Anticipatory Care Plan training for all staff and dates are in the training calendar.

This area for improvement has been met and we will continue to monitor at the next inspection.

Previous area for improvement 10

This is an outstanding recommendation from inspection 6 September 2017.

There is evidence that the service has made progress but it was insufficient to show that activities are embedded in the daily life of care service and delivered by all staff to enhance the lives of people who experience care. The Area for Improvement is repeated.

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. (HSCS 1.9) and (HSCS 1.25)

This area for improvement was made on 6 September 2017.

Action taken since then

The implementation of the new care plan paperwork provides scope to record "interests" and develop an individual activity calendar.

As the designated Activities Co-ordinator has recently been appointed to the post and received training for the role it is not yet possible to comment on the impact of the appointment.

The service has been asked to review the input of all staff to ensuring that meaningful activities are available to people who reside at the care home on a daily basis.

This area for improvement has not been met in full and we will continue to monitor at the next inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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 ਵਿਚ 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.