

Williamwood Care Home Service

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Netherlee
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About the service

Williamwood House provides residential care and support for up to 34 older people, who are living with dementia. This includes one place for respite care.

The property is a large detached villa, in private grounds. It is located in a residential area in Netherlee, Glasgow. The home provides single en suite accommodation over three floors, which are accessible by lift and stairs. Residents have access to a private garden at the rear of the home.

The provider's stated philosophy is "In Christ's name, we seek to retain and regain the fullest quality of life, each individual is capable of achieving at any given time".

What people told us

We spoke with residents who were happy with the quality of care and support they received.

They told us:

"Staff are good"

"I get on fine with staff, they are nice"

"I am happy here, quite at home"

We spoke with visitors who were also happy with the care and support and did not raise any issues.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We observed staff treat residents with warm, respectful interactions with choices offered whenever possible. Staff and residents were happy to spend time in each others company and there was easy chat.

However, staff should demonstrate the principles of the health and social care standards in their day-to-day practice and staff we spoke to did not know about these.

(Area for improvement)

We found staff inconsistencies with regard to continence care. Two staff were allocated each shift to support residents to the toilet. However this does not offer personalised care and staff raised this with us. Care plans did not evidence how to promote continence but rather how to manage continence with set times for residents to be assisted to the toilet. This does not promote dignity and does not support residents to be as independent as possible.

(Area for Improvement)

People have the right to 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. This is important as a stimulating environment promotes positive health and wellbeing. On the two days of inspection we could see activities taking place in the communal area however there was little happening in the two sitting rooms. We spent time in the two sitting rooms where residents mainly slept, with the television on or music playing. When staff did come in there was good interactions and chat but it seemed haphazard-staff going in and out, doing a small activity and leaving again.

We expected to find a personalised activity programme that reflected each resident's personal interests and hobbies. This would encourage residents to take part in activities to maintain their individuality and would provide opportunities to socialise which would benefit their health and wellbeing. However we did not find this. Providing residents with opportunities to evaluate activities would confirm they had enjoyed them or had ideas for improvements.

(see requirement 1)

Residents had opportunities to participate in monthly meetings where they were encouraged to give their views. We could see actions taken to achieve suggestions made at the meetings. An example was a "tree of life" suggested by residents and now in place to remember residents who had passed away.

People should be confident they receive the medication they need to improve and maintain their health. However recordings of "as and when required" (PRN) medication remained an area that required further improvement. Reasons and outcomes for administering PRNs were not always recorded which meant there was no confirmation the medication was appropriate or not. Whilst medication audits identified this issue there were no clear actions taken to deal with it.

There were lots of gaps in recordings of creams which meant we did not know if creams were applied or not. There was also a medication not given according to instructions which could have an effect on the person's health and wellbeing.

The Abbey pain tool was being audited monthly which is poor practice as this should only be used when there are reasons to suspect residents are in pain. We found no clear guidance around what staff should look for before administering pain medication to people who cannot communicate.

(see requirement 2)

Staff we spoke with were working with residents yet they had not had time to read their care plan. We were concerned as staff therefore did not know how to offer individualised support based on each resident's assessed needs and their preferences.

Care plans did not give any information about conditions for example residents with Parkinson's disease. When we read a care plan for someone with Parkinson's we did not find this condition recorded anywhere in the plan which meant there was no guidance to inform staff how this would affect their health and wellbeing.

We found an accident had occurred when staff were moving someone that resulted in a skin flap. This may have been avoided if the resident's care plan had fully detailed their needs and how to move them safely.

(see requirement 3)

Requirements

1. In order to ensure there is a stimulating environment by 14 October 2019 the provider must develop individual activity programmes that reflect residents interests and hobbies. These plans should be used to develop a person-centred activity programme.

This is to ensure care and support is consistent with the Health and Social Care Standards 2.22 which states "I can maintain and develop my interests, activities and what matters to me in the way that I live."

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. In order to ensure resident's medication needs are met the provider must improve the recordings of medication administration and auditing by 14 October 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.19 which states "My care and support meets my needs and is right for me."

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011.

3. In order to ensure residents are safely supported with their individual needs the provider must ensure staff have time to read care plans and are aware of routines and preferences by 14 October 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.19 which states "My care and support meets my needs and is right for me".

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011.

Areas for improvement

1. Staff should have a clear understanding of the Health and Social Care Standards and how they should be used to inform their work.

This is to ensure that care and support is consistent with the Health and Social Care Standard 4.1 which states "My human rights are central to the organisations that support and care for me"

2. Staff should offer consistent support with regards to continence.

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.4 which states "If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected".

How good is our leadership?

2 - Weak

An effective service improvement plan will provide focus, aims and objectives and would ensure all stakeholders were aware of where the service wants to improve and within set timescales. However, no such plan had been developed.

There was a five year maintenance and decoration plan in place and we could see this moving forward. An environmental audit was carried out in April but we did not see an action plan to deal with the issues raised. (area for improvement 1)

Accidents and incidents were audited to show location and times. The analysis included what actions were taken to try to reduce further accidents and incidents. This contributed to keeping residents safe.

We looked at care plan audits that identified needs were being met however the care plans we looked at did not evidence this. As audits did not pick up the issues we identified improvements are needed to ensure they are fit for purpose.

We looked at induction paperwork for new staff who were working during the inspection. Although these staff were working hard and trying their best we found large gaps in their training such as moving and assisting, infection control and care plan introduction. Individual files did not show new staff had opportunities to shadow experienced staff. This would give them a chance to observe practice and ask questions helping them gain confidence and knowledge.

This poor standard of induction practice places vulnerable people at potential risk of harm from staff who have not received mandatory training to ensure they are safe and fit to work in this environment. The service relied on training new staff had completed at their previous employer but this is poor practice as the quality of the training is unknown and we expect providers to deliver their own full induction.

New staff told us they did not have time to read care plans yet they were supporting residents with their personal care needs. This has the potential to be unsafe for the resident and puts new staff under unacceptable pressure. Residents with dementia need consistency but this cannot be provided by staff who have not had time to get to know their routines.

New staff had a workbook to complete with the responsibility for overseeing this delegated to senior staff. However it was clear there was no way to monitor how senior carers were supporting new staff through this process. There was a lack of management oversight and monitoring which was very concerning given the nature of the complex needs the residents have. The responsibility to ensure new staff are fully inducted lies with the management team, they should have an overview of this to ensure the safety, welfare and wellbeing needs of residents are fully met by competent staff.

The lack of monitoring by the management team, meant they did not know how staff were progressing or how competent they were. We expect new staff to be supported through supervision and observation of practice before working on their own. This would identify if they required further training and support. However this was not happening. There were frail residents living in the home who required support from staff who were well trained and competent. However new staff were working without appropriate support which shows a lack of leadership and could potentially affect residents health and wellbeing.

(see requirement 1)

We discussed the running of the home with the management team at feedback. The home was chaotic and poorly co-ordinated. There was a daily planner of tasks which was unachievable as it did not take into account staff needed to respond to residents to meet their support needs. However the management team thought the daily planner was being followed while staff told us it was not. We were also told management and leadership was poor with little management presence on the floor and too much reliance on senior carers.

We would expect the management team to have a clear overview of the service and what happened on a daily basis.

The home requires a strong management team to deal with the issues identified at this inspection. We considered the management's capacity to improve and discussed this at feedback.

(see requirement 2)

Requirements

1. In order to ensure new staff are fully trained the provider must ensure all new staff complete a full induction by 14 October 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards 3.14 which states "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."

It is also necessary to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland Regulations 2011

2. In order to provide a high quality service the provider must improve management and leadership by 14 October 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards 4.23 which states "I use a service and organisation that are well led and managed."

It is also necessary to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland Regulations 2011

Areas for improvement

1. The home should have an improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

How good is our staff team?

2 - Weak

Staff were working hard, constantly busy with no clear organisation of shifts.

There were issues within the team that required to be dealt with by the management team. For example we observed some staff refuse to give support when asked by a colleague. Staff told us areas for improvement were needed around communication and sharing of information, and some staff sticking to tasks but others not. Staff were able to tell us the issues but management had not responded to them. A strong management team is needed to tackle the issues raised and discussed at feedback and motivate staff to work together as a team. This will benefit both residents and staff as it will provide an environment of co-operation and support.

We found training was up to date with dates booked for refreshers. Most staff had completed enhanced level dementia training. This meant these staff had completed a high level of dementia training which gave them the skills and knowledge to support residents living with dementia.

However, there was no training for conditions such as Parkinson's disease or epilepsy. The frailty and complex needs of resident's places additional demands on staff skills and knowledge therefore, we would expect all staff to have relevant training to meet individuals support needs.

How good is our setting?**4 - Good**

We observed residents up and walking about in the mornings yet there were no lights on in the sitting rooms. We asked the management team to raise awareness of this with staff. We also asked them to look at the noise level and amount of people moving through the communal area. This was a busy space and could upset residents who may prefer to sit in the quieter area at the back of the home.

We asked the management team to carry out an environmental audit to consider how they use the communal rooms. Whilst it respected resident's choice to sit where they preferred the deployment of staff has to be considered as there were periods of time when there were no staff in the sitting rooms.

The rooms were spacious, bright and accessible with a variety of seating, there were good views to the garden. There is however a lack of things for people to access and use independently with very few resources sitting out for people to walk over and look at, touch, lift and interact with.

There was an area of the home being decorated and we were concerned for residents safety as there were paint pots lying around, ladders and lots of trip hazards. We did not see anyone working in this area on either day of inspection. We raised these issues with the management team on the first day of inspection yet when we returned on day two the area was still the same.

We observed residents sitting in the garden. They had entered the garden through the fire exits which were held open by chairs. We raised this with staff and had the doors closed. If residents use this door to access the garden there has to be a permanent solution found that will allow the doors to be used appropriately.

We also found an issue with hot water temperatures being too high that was not fixed in a timely manner. (area for improvement)

An environmental audit had been carried out. There were areas of good signage with personalisation of bedroom doors to help residents orientate to their rooms. There was a sweet shop where residents could sit and help themselves to some healthy snacks. This was helpful for residents who had poor food intake and may encourage them to increase their diet.

There was a nice garden area with tables and parasols to encourage residents to use the outdoor space. There was work planned to make more of the garden accessible with raised beds.

How well is our care and support planned?**2 - Weak**

Care plans remain an area that requires improvement.

Care plans should provide a clear picture of how to support residents and meet their individual health and wellbeing needs. These documents promote a person-centred approach to care. However, when we looked at care plans, they failed to provide the necessary information to allow staff to personalise residents support to meet their exact needs.

We found care plans were not personalised nor outcome focused. Care plans did not provide enough guidance for staff to support independence as they were brief. This meant plans did not give the necessary information for staff to offer consistent support. Consistent support is important and especially beneficial for residents living with dementia.

Whilst one page profiles were good and gave you a snapshot of the person we had to read through lots of pages to find them. If they were at the front of the plan staff could access this information quickly and easily.

The care plans had no information about individuals conditions such as Parkinson's disease or dementia. This meant there was no guidance to tell staff how different conditions affected someone's health and wellbeing. The plans were not updated to show changes in someone's health support needs. This could result in staff offering support that is out of date and has the potential to cause harm.

Continence plans were confusing and unclear how to offer continence promotion rather than management. This would encourage independence and support resident's dignity.

We were pleased to find the service supporting risk enablement rather than managing risks. This offers residents opportunities to take part in activities they want to while being supported to be as safe as possible. However this was not used in a way that recognised actual risks but rather everyday activities. This would indicate the service do not have a strong grasp of risk and what it means to residents and their safety.

Minutes of six monthly reviews were poor and lacked detail. The minutes did not show if the resident had attended with no comments on the quality of care and support noted from them. With no actions identified it was unclear how the service intended to meeting any changing need over the next six months.

There is a table of review dates to keep track of when they were held and when the next one would be due. However it was unclear on what dates the reviews actually took place so difficult to follow as a monitoring tool. (see requirement 1)

Requirements

1. In order to ensure resident's health, safety and wellbeing needs are documented the provider must improve the information recorded in care plans by 14 October 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.15 which states "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."

It is also necessary to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland Regulations 2011

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

Requirements

Requirement 1

The provider must demonstrate they are meeting health and welfare needs of residents regarding medication. In particular:

- all "as and when required" (PRN) must have the reasons for the administration and the outcome recorded
- hand written medication records must be signed by two staff and include who authorised
- residents must receive the agreed doses of their medication each day
- covert medication must be reviewed regularly
- issues identified in audits must be dealt with
- when it is identified staff need training this should be provided

This is to comply with Health and Social Care Standards 3.19

My care and support is consistent and stable because people work well together and also

SSI 2011/210 4 Welfare of users

4.(1) A provider must

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

Timescales: to be fully implemented by 31 January 2019

This requirement was made on 7 November 2018.

Action taken on previous requirement

We found records not fully completed with "as and when required" (PRN) remaining an area that must improve. Audits were picking up issues but there was no evidence these were dealt with.

Not met

Requirement 2

The provider must demonstrate that care plans set out how the person's health, welfare and support needs are to be met. In particular you must have plans that:

- reflect all current support needs
- are outcome focused with clear information about how outcomes will be achieved
- reflect the Health and Social Care Standards
- provide clear guidance to support residents with stress/distress

This is to comply with Health and Social Care Standards 1.15

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.

and also

SSI 2011/210) 5 Personal plans

Timescale: to be fully completed by 28 February 2019

This requirement was made on 7 November 2018.

Action taken on previous requirement

Care plans remain an area that must improve.

Please see this report under 5.1 for more information.

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.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
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	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Staff are led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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