

Stobhill Nursing Home Care Home Service

70 Stobhill Road
Glasgow
G21 3TX

Telephone: 0141 558 8500

Type of inspection:

Unannounced

Completed on:

17 May 2019

Service provided by:

Tamaris (RAM) Limited, a member of
the Four Seasons Health Care Group

Service provider number:

SP2007009152

Service no:

CS2003010429

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

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

Stobhill Nursing Home is registered to provide a care service to a maximum of 60 older people. At the point of the inspection, there were 55 residents living in the home.

The home is run and managed by Tamaris (RAM) Limited, a member of the Four Seasons Health Care Group. The home is situated in a residential area in the north of Glasgow. It is purpose-built over two floors with a large enclosed garden area to the rear of the building. There is a separate lounge/dining area on each floor with a cafe/bar on the ground floor. A hairdressing room and a small living room are situated on the first floor.

The service's stated aims are to provide the highest possible standards of care, with residents treated as individuals, with respect and dignity in a safe, comfortable and homely environment providing stimulation and encouraging independence.

What people told us

During the inspection, we were supported by an inspection volunteer. An inspection volunteer is someone who has either used services before or is familiar through having someone close receiving care and support from services. We received a number of positive comments in relation to some of the staff who provided support including:

"It is lovely here, staff look after you well, we also look after each other."

"The food is excellent."

"My mother would be amazed at the things I eat now."

"It's always welcoming, staff are very caring."

"This home is magic."

"I've seen a big improvement within the home in the last year."

"I have no complaints at all."

We also received a number of less positive comments from some relatives we spoke to. These comments related to standards of cleanliness, how laundry was handled and some aspects of care. We took account of these comments when we carried out the inspection and shared them with the management team at the feedback session.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

People using the service could be confident that the management team were committed and had been successful in improving staff practice. This meant that staff were more focused on meeting the needs of people.

Having meaningful things to do is important for helping people have a sense of wellbeing. There had been improvements with the range of activities and opportunities for people to be involved in. These included group activities, one to one sessions and activities outwith the home. Staff continued to work on identifying the best match of activities for meeting the preferences of each person.

People who used the service could be assured that the service used best practice guidance to help improve their health. An example of this was the use of the Care About Physical Activities resource (CAPA) which meant staff encouraged individuals to mobilise more which can help improve stamina, balance and help reduce the risk of falls.

People's rights were protected by the service reflecting their legal status and using this information when making decisions around any interventions required for the health and wellbeing of each person. People who may experience episodes of stress and distress benefited from staff following good practice meaning that they used a consistent approach when supporting each person.

Having good nutrition and being well hydrated is important to help keep people well. The service used a range of recognised tools to identify if anyone was at risk of becoming malnourished or dehydrated. Staff practice had improved with staff using more opportunities to encourage each person to eat and drink well. However, whilst staff used many good practices we identified that there could be improvements at meal times as far as actively encouraging engagement and choice, for example using menus and visual cues.

We shall make an area of improvement that the service monitors staff practice at meal times in order that people using the service are fully involved and benefit from the experience. (See area for improvement 1)

Areas for improvement

1. The service provider should monitor staff practice at meal times to ensure that people are fully involved and benefit from the experience. This ensures support is consistent with the Health and Social Care Standards: My snacks and meals meet my cultural and dietary needs, beliefs and preferences. (HSCS 1.37)

How good is our leadership?

4 - Good

People using the service could be reassured that the management team regularly evaluated the service to identify and prioritise areas that required improvement. This included using a range of recognised quality assurance tools.

People were helped to be protected from harm as the management team used information from these tools to identify the effectiveness of interventions or identify additional interventions needed.

Feedback from the care home liaison nurse suggested that the service identified people who required medical or nursing intervention at an early stage.

People who used the service had been involved with the production of improvement plans, for example, carrying out work using The King's Fund assessment tool to help make the home more dementia friendly. The management team had begun to implement a number of recommendations identified from the audit and we could see how this had a positive impact in making the upstairs unit a more pleasant place to live.

The management team should develop methods to capture the positive impact that the service has had with individual people. For example, due to the approaches used by staff when managing stress and distress episodes, many people using the service had a reduction in the use of medication for the management of this.

Ensuring that people's care and support is right for them means that there should be regular care reviews. Whilst staff could demonstrate good understanding of people's current needs, the system in place to help the management team have an overview identified some of these needed updated. We shall make an area for improvement in connection with this. (See area for improvement 1)

People using the service should be confident that the service takes complaints seriously and uses these to consider how improvements can be made to help make the experiences of people better. Relative and residents' meetings were a good way to directly hear how the service is performing. We could see that these were also used to help keep people updated with progress and how the service intended taking areas forward.

Areas for improvement

1. The service provider should ensure that each person has an up-to-date care review. These should be used to ensure the content of care plans accurately reflect their current needs. This ensures support is consistent with the Health and Social Care Standards: My care and support meets my needs and is right for me and (HSCS 1.19) and I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17)

How good is our staff team?**4 - Good**

People using the service benefited from a staff group who were supported to reflect on their practice and consider how they can improve standards of care. For example, staff members carried out an audit on the quality of interactions between staff and people who used the service. This has resulted in staff identifying what works well and changes to practice meaning staff more readily engaged positively with people using the service.

Staff have become more confident and understand their role better as a result of work carried out by the management team. The use of direct observations of staff practice and looking at staff competencies had been an effective way of helping staff understand what they are doing well to meet people's needs and identify areas that they can improve upon.

People who used the service could be confident that the service monitored their needs and used this information to identify the amount of staff required to provide support. Changes to the deployment of staff had a positive effect on people's day-to-day experiences particularly in the upstairs unit of the home. This has created a more responsive approach by staff. The service was actively recruiting additional staff to cover a twilight shift where they had identified an increased need for people in the upstairs unit.

People benefited from increased continuity of care due to the service working to reduce the amount and frequency of agency staff. Permanent staff working additional shifts and the recruitment of new staff had helped mitigate the impact.

Having a skilled and competent staff group is important for providing good standards of care and support. People using the service could be re-assured that there was a comprehensive training programme and the service used a "blended" approach of online and face-to-face training to help equip staff with the necessary knowledge and skills to provide good care. Regular planned supervision sessions were also used to encourage staff to reflect on their practice and identify any training and development need.

People who used the service had a degree of involvement in the recruitment and selection process through the design of questions to ask at staff interviews. This can be useful for assessing the value base of potential staff and help ensure there is a good match for meeting the needs and wishes of people who used the service. However, the service should keep people informed of how the questions contributed to the process of selection.

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

People using the service have benefited from investment and improvements made to the communal areas of the home since the previous inspection. For example re-decoration had been carried out in the upstairs unit with work starting on the ground floor level. We identified further improvements that needed to be carried out to the communal bathrooms to make them more homely and create a pleasant experience when used. People benefited from being involved with the decoration, furnishing and layout of their bedroom.

We could see that changes including re-designing the layout of the upstairs communal lounge and greater use of smaller lounges had created a calmer environment, meaning individuals were less likely to become agitated with levels of noise. The planned ongoing involvement, assessment and planned improvements to the environment is regarded as a positive development.

People using the service were helped to keep safe and protected by a range of checks that were carried out to ensure the environment did not pose any unnecessary risks. However, we identified that staff practice should improve in relation to the storage and use of continence aids. These should be discreetly and appropriately stored (not in open packages on bathroom floors) to maintain efficacy of the product and reduce risk of infection. We shall make an area for improvement in connection with this area. (See area for improvement 1)

People using the service were helped to keep safe through the use of a range of equipment to help reduce the risks associated with falls.

We concluded that there was a need to improve the return of laundry items to their rightful owner based upon comments we received. We suggested that greater opportunities were provided to help make this happen.

People throughout the home benefited from accessing the attractive enclosed garden with the support of staff. We could see how much people enjoyed sitting in the garden and having greater opportunities to engage with others living within the home.

Areas for improvement

1. The service provider should monitor that staff adopt good practice in relation to the storage and use of continence aids in order to keep people safe and well. This ensures support is consistent with the Health and Social Care Standards: I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

How well is our care and support planned?

3 - Adequate

People using the service could be confident that the service used a range of assessments to help monitor their ongoing health needs. The current format and content of care plans had a very medical focus and used less of a person-centred approach. We identified that currently the content rarely captures outcomes that were being achieved as a result of the support and care provided. This was an area recognised as needing improvement by the provider who was working to progress this area in consultation with the Care Inspectorate.

We concluded that care plans were often static and not sufficiently dynamic to accurately reflect the current needs of people and detail how these needs will be met which helps staff take a consistent approach. People using the service should, as a matter of course, be involved with the development of their care plan. See comments and area for improvement under How good is our leadership?

For people who, due to the nature of their condition, may exhibit stress and distress reactions it is important that a coordinated and consistent approach is used to lessen the emotional impact and provide comfort. We found that the service had made good progress as far as developing clear strategies which were being implemented by staff to good effect.

People who used the service were regularly referred for further assessment and advice when changes to their health and wellbeing needs were identified. However, we found that there were occasions when this could have been carried out sooner. We would like the management team to monitor this area to ensure there are timely interventions.

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

Requirements

Requirement 1

The provider must review and improve the opportunities available for residents to have access to meaningful activity, which is purposeful to them, throughout each day. This includes the need to review the way in which staff are able to support people and to improve the range of practical resources available within the home. Effective ways need to be found of monitoring the impact of any activity on the health and wellbeing outcomes for residents.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state: 2.22 – I can maintain and develop my interests, activities and what matters to me in the way that I like.

This is also to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

This requirement was made on 30 March 2015.

Action taken on previous requirement

We observed care staff as well as activity staff offer opportunities to participate in activities when providing day-to-day support. Activity programmes had been developed and the range of activities overall met the needs of people using the service. The range included in house activities as well as opportunities to attend clubs and trips within the local community. Based upon our findings, we concluded that the requirement was met.

Met – outwith timescales

Requirement 2

The provider must make sure that the staffing levels, skill mix and the way in which staff are deployed throughout each shift is reviewed and improved so that positive outcomes for residents can be assured.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state: 3.15 – My needs are met by the right number of people and 3.19 – My care and support is consistent and stable because people work well together.

This is also to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a).

This requirement was made on 30 May 2015.

Action taken on previous requirement

The service provider continued to use a recognised tool to assess the levels of dependency and inform staffing levels throughout the home. The service provider had recruited staff since the previous inspection and continued to recruit for staff to cover the twilight shift in the upstairs unit.

We observed staff to be more responsive in attending to people using the service, mainly due to improved deployment of staff and staff being clear which people they would be responsible for on each shift. This is a result of a change to how duties are allocated when staff come on shift. Based upon our findings, we concluded that the requirement was met.

Met - outwith 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 provider should ensure that staff practice and recording improves in order to ensure that residents' rights are upheld and their wellbeing is maintained when they are supported with taking medication.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

1.2 - My human rights are protected and promoted and I experience no discrimination.

1.24 - Any treatment or intervention that I experience is safe and effective.

This area for improvement was made on 7 August 2018.

Action taken since then

Protocols were in place for each individual who had been prescribed medication on an as required basis particularly when identified as an intervention when they experience episodes of stress and distress. These overall provided good levels of details to guide staff of the approach which should be used prior to using the medication and reflect how the individual responded/effectiveness of the intervention.

We found that the medication prescribed on an as required basis was not being routinely administered. Based upon our findings, we concluded that the area for improvement had been met.

Previous area for improvement 2

The provider should ensure that the environment in the dementia unit is improved to make it comfortable, homely, stimulating and help residents become more orientated and independent. There should be a better choice and availability of spaces for people to spend time including time with their visitors.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

5.16 - The premises have been adapted, equipped and furnished to meet my needs and wishes.

This area for improvement was made on 7 August 2018.

Action taken since then

See comments under How good is our setting? Based upon our findings, we concluded on balance the area for improvement was 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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