

Hogganfield Care Centre Care Home Service

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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Hogganfield Care Limited

Service provider number:

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Service no:

CS2012307040

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 registered with the Care Inspectorate on 16 April 2015.

Hogganfield Care Centre is registered to provide care for a maximum of 44 older people, including two respite or short stay placements. Within the 44 places, 7 places may be provided for named individuals under the age of 65.

At the time of the inspection, because the lower ground floor accommodation was not in use and until the service completed its refurbishment, the service had capacity to provide accommodation for 38 people. At this inspection, 27 people lived at the service. Seven of those people were under the age of 65.

The service is owned and managed by Hogganfield Care Limited. It is situated in the north of Glasgow and has an open outlook over Hogganfield Loch. The service is close to local amenities and bus services to the surrounding areas and Glasgow city centre.

The accommodation is on three levels with communal lounges, a conservatory and dining areas. The upper and lower floors are accessed by elevator or stairs. All bedrooms are for single occupancy. There is a secure garden area for people to use. Some parking facilities are available at the front of the building.

The aims and objectives of the service state that every resident is "to be treated as an individual" and to receive "the encouragement to attain a high-quality life, irrespective of your health care needs".

What people told us

People experiencing care gave us positive feedback about the service. They liked the staff who supported them and told us they were treated with dignity and respect. People had confidence in the manager and described the setting as homely, comfortable and clean. The comments we received included:

"The care is excellent; the staff are very good and respectful."

"The carers are first class, know us well and treat us with respect."

"It's comfortable and I feel safe."

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?	4 - Good

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

We received positive feedback from many people experiencing care about living in the home and how staff treated them. We saw some warm, caring and positive relationships between staff and residents. This created a friendly and relaxed atmosphere within the home.

We read some minutes of meetings with people experiencing care and this gave them the opportunity to be kept up-to-date and involved in making decisions about living in the home.

People should be able 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. From our observations, we thought that the service could do more to ensure people were engaged in meaningful activities. We spoke with the manager about better use of the outside space, for example having interested people involved in gardening pursuits. We had made a recommendation in this regard at previous inspections and this will be continued as an area for improvement. (See area for improvement 1)

People should be sure that their health needs are well supported. People looked well and benefited from nurses being on duty within the home, as well as regular input from various healthcare professionals who visited the home.

People experiencing care told us the quality of food was good and they were always given a choice. We saw that meals were well presented with the kitchen staff taking pride in their work. They had increased their knowledge levels about people's preferences and special diets that they required. We saw that people's nutritional needs were monitored and this meant that their health and wellbeing needs were being met.

Areas for improvement

1. To enable people to spend their day doing what they enjoy and what they want to do, the manager should support staff to deliver more meaningful activities and regular access to the outdoor spaces for people living in the home.

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

How good is our leadership?

4 - Good

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. The manager shared with us how they ensured the quality of different areas within the service. We were satisfied that the systems were robust and that the service took into consideration the views of people experiencing care to continually make improvements. This led to better outcomes for people.

If people have a concern or complaint, this should be discussed with them and acted upon without negative consequences. The service had a clear and comprehensive complaints procedure. People felt that the manager was approachable, and they were confident that she would listen to them and act on their concerns.

People should be confident that the service they use is well-led and managed. The manager shared the service's development plans, which demonstrated what needed to improve and what actions were required to do so.

The manager was very enthusiastic about what they did, and this was echoed in the workforce. There were good peer support opportunities available for the senior staff, including regular meetings with the home manager. We saw good evidence of the promotion of leadership values and saw that the staff received regular supervision, which was planned. Supervision sessions included discussions in areas such as relationships with the staff team and role in the team.

We saw some examples of staff decision-making consistent with their role, but we felt this could be improved upon. We advised the manager to refer to the Scottish Social Services Council's (SSSC) Step into Leadership programme for developing staff skills and promoting and recognising leadership qualities. (See area for improvement 1)

Areas for improvement

1. The service should support staff to undertake the Step into Leadership programme relevant to their role to ensure that the service remains well-led and managed.

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

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

People should expect to have confidence in the staff who care and support them. We saw that the home had a training schedule which reflected planned training for staff to attend and most staff we met felt supported to achieve the training they needed to do their job. Staff were motivated and told us they received training that equipped them for the job they did.

During the inspection there was the right number of staff with the right skills working at all times to meet residents' needs. We observed how staff were now deployed to areas of the home and staff felt this made them more effective. They told us they were clearer about their roles and were able to respond better in a more targeted way, rather than going from one part of the home to another to respond to the call system. Staff had time to engage in conversations with people and didn't seem rushed.

People experiencing care and staff benefited from a warm atmosphere because there were good working relationships. Some of the staff time was focussed on designated tasks around the care and support of people but there was capacity to respond to other demands, to speak to people and support them to maintain their interests.

We sampled some personnel files and found that the service had followed the processes recommended by best practice guidance. However, we did not see examples of the involvement of people experiencing care in the selection of staff. We discussed how people could be involved and the importance of this participation. The manager was keen to progress these ideas. (See area for improvement 1)

The files we sampled also showed some disparity in the induction of new staff and the length of time taken to complete these processes. We discussed the importance of the induction process and asked the service to standardise its approach, to ensure all staff are equipped for their jobs within the home. (See area for improvement 2)

Areas for improvement

1. The service should encourage people to take part in the selection of new staff and enable them to have confidence in the organisation that provides their care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I can take part in recruiting and training people if possible." (HSCS 4.9)

2. The service should review the induction process for new staff to ensure it is standardised and provides staff with the skills and competence required for their role.

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

How good is our setting?

4 - Good

People should be able to 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. The environment was clean, bright and pleasantly decorated. There had been substantial investment in the improvement of the setting, and it had made a notable difference in people's experiences. People felt that they were happy and felt at home.

People should be able to independently access the parts of the home they use, and the setting has been designed to promote this. We noted that there was good clear directional signage and signs on different doors such as toilets, bathrooms and dining rooms. All this helped to promote people's independence.

As mentioned earlier in this report, we felt that the garden area was underused and access to the outdoors was limited and dependent on staff support. We asked the manager to explore the best way to get the most out of this resource and improve outcomes for people, as a result. (See area for improvement 1)

We found that regular maintenance checks, repairs and servicing of equipment used within the home were in place to keep people safe. The service carried out regular health and safety checks and areas for action, following a visit from Scottish Fire and Rescue, had been progressed. All this promoted the safety of people experiencing care.

Areas for improvement

1. The service should explore the best way to get the most from the garden areas and enable people to freely and safely access the garden to use this outdoor space.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "If I live in a care home, I can use a private garden." (HSCS 5.23)

How well is our care and support planned?

4 - Good

People's personal plans, sometimes referred to as care plans, should be right for them because they set out how their needs will be met, as well as their wishes and choices. The personal plans we looked at were well laid out and informed of different aspects of care and support that people experienced. Some of the plans were written in a person-centred way and we asked the manager to encourage staff to maintain and progress this approach.

People experiencing care had been involved in the development of their personal plans and we noted that they had signed various documentation, where appropriate. This meant that the care and support delivered was always the most relevant to the resident.

Care review documents were completed, and some were written in a person-centred way. We asked the manager to monitor this and progress the focus on what people can do and support the need to achieve goals, even if this is the maintenance of their current quality of life. (See area for improvement 1)

Areas for improvement

1. The manager should support staff to record and report in a way that is person-centred, outcome focused and identifies people's plans and goals.

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

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

Requirements

Requirement 1

We made this requirement following a complaint investigation.

In order to ensure that people are provided with appropriate care and support, the provider must ensure that health needs are assessed and that care and support in place meets the needs identified by 29 March 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards 1.13 which states "I am assessed by a qualified person, who involves other people and professionals as required". It is also necessary to comply with Regulation 4(1)(a) Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 28 February 2019.

Action taken on previous requirement

Registered nurses have completed re-assessments of all residents within the care home. This has ascertained and confirmed that all care and support needs have been identified and actioned upon. The process included the introduction of a re-assessment document to nursing staff to complete with all residents. This has been completed.

Met - within timescales

Requirement 2

We made this requirement following a complaint investigation.

In order to ensure that people living in this care home have their needs safely met by staff who have the necessary skills and competencies, the provider must ensure that staff experience training in the management of epilepsy by 29 March 2019, and other condition specific health needs experienced by people who are supported within this care service by 1 July 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(b) Staffing of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 28 February 2019.

Action taken on previous requirement

Staff have been booked on training on the management of epilepsy and this will be completed by 17 July 2019; other training on common health training and palliative care had been completed.

Met - outwith timescales

Requirement 3

We made this requirement following a complaint investigation.

In order that people living in this care service have their needs safely met and are supported to enjoy a lifestyle which is person-centred, meaningful and enables them to maintain and develop their independence, the provider must ensure that staff are sufficient in number at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards 3.15 "My needs are met by the right number of people", 3.16 "People have time to support and care for me and to speak with me" and 3.17 "I am confident that people respond promptly, including when I ask for help." It is also necessary to comply with Regulation 15(a) Staffing of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 28 February 2019.

Action taken on previous requirement

There were sufficient numbers of staff deployed within the home, during the inspection, to meet the needs of the current resident numbers and demographic. Evidence gathered indicated that people were being supported to complete individual activities that were meaningful to them.

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 should improve how people can participate in activities that are responsive to their age, abilities and preferences.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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)

This area for improvement was made on 28 May 2019.

Action taken since then

This had not yet been implemented and will be repeated.

Previous area for improvement 2

The service should improve the signage around the building and to residents' bedroom doors to make it easier for residents to navigate around the building and locate their bedrooms.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

This area for improvement was made on 28 May 2019.

Action taken since then

Progress had been made in this regard and the area for improvement had been met.

Previous area for improvement 3

We made this recommendation following a complaint investigation.

In order for people who use this service and their representatives to be fully involved in decisions about their care and support, where there are known communication difficulties, the manager should arrange proactive, planned discussions at intervals agreed by both parties to address any concerns and provide reassurances.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 2.11 which states "My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions" and Health and Social Care Standard 2.18 "I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing."

This area for improvement was made on 28 February 2019.

Action taken since then

Platform for two-way communication had been offered and this had occurred, courteously by both parties. This recommendation had been implemented.

Previous area for improvement 4

We made this recommendation following a complaint investigation.

In order for people using this care service to have confidence in the organisation providing care and support, the service should have systems in place to record concerns, evidence action taken to address concerns and outcomes for those affected and evidence that the outcome has been shared with those raising the concern and/or their representatives.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.22 which states "I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made" and 4.21 "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me".

This area for improvement was made on 28 February 2019.

Action taken since then

Process to note and manage concerns has been introduced. Any concerns were acted upon and documented. This had been implemented.

Previous area for improvement 5

We made this recommendation following a complaint investigation.

In order that people using this service experience care in a high quality environment the manager should act to improve the cleanliness of the care home and introduce a system of audit to identify and plan action to address environmental concerns.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.18 which states "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells", 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" and 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

This area for improvement was made on 28 February 2019.

Action taken since then

High priority areas had been identified around the home, which had identified a higher volume of cleaning maintenance and frequency. An ioniser had been purchased to alleviate odours. The assessment of this area has resulted in a deep cleaning schedule in addition to the cleaning schedule already in situ. Domestic cleaning schedules continued, and staff had recorded appropriately. Random room checks were carried out on a regular basis and domestic staff were taking more pride in their role and identified, and attended, to areas that require more attention. This had been implemented.

Complaints

Please see the following sections of this report What the service has done to meet any requirements we made at or since the last inspection and What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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
3.3 Staffing levels and mix meet people's needs, with staff working well together	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?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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