

Northgate House Care Home Service

Northgate Quadrant
Balornock
Glasgow
G21 3RB

Telephone: 0141 558 3222

Type of inspection:
Unannounced

Completed on:
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Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300712

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

The service registered with the Care Inspectorate on 31 October 2011.

Northgate House Care Home is registered to provide a care service to a maximum of 59 older people. At the time of inspection there were 54 people living in the service.

The home is made up of four units:

- Ground floor Clyde Unit for 16 older people with mild cognitive impairment and Mungo Unit for 18 older people with mild to moderate dementia.
- First floor Campsie Unit for 10 older people who are frail and Martha Unit for 15 older people requiring intermediate care.

The home can also offer respite care for up to two older people within the Campsie, Mungo, or Clyde unit.

The home is purpose built with all bedrooms providing single en suite toilet and wash-hand basin facilities. Each unit also has their own communal bath/shower facilities, lounge and dining rooms. Access to outdoor space is available in their garden area and parking for visitors available at the front.

The home is in the Balornock area of Glasgow, near to local facilities and public transport.

The service is managed by HC-One Limited and aims to; 'provide a high standard of care, support and safety for each resident, in order to meet their individual needs. This will allow the resident to experience a good quality of life whilst maintaining their individuality and self-esteem'.

What people told us

People that we met spoke highly of the staff team and the level of care and support they received. We took comments from twelve residents, and six of their relatives. We also took comments from the eight care standards questionnaires that we received prior to the inspection. Some examples of their comments included:

"Some staff have been marvellous to my relative, I could never repay them, from the day my relative arrived I was in bits, they were very supportive, I can go home at night and feel confident that my relative is safe"

"I had lost confidence in the service, there needs to be a dramatic change, and soon to get the home back on track"

"We think the staff are fantastic, they make sure our relative always looks her best, even out with her hairdressing appointments"

"We think the place is lovely, the staff are brilliant, however we do think it would be better if there was someone who could communicate effectively with our relative to make him feel a bit more included"

"I do think the home is deteriorating, we have been here for nearly two years, but over the past six months it seems to be going downhill. They use a lot of agency staff and it is difficult to know who is who. My own personal observation is that there could be more engagement with the residents from staff".

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?	3 - Adequate
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 concluded that overall the service was not operating at a level we would expect and our evaluation of this key question was graded as weak, however we recognised that there were some positive outcomes for people who wanted to keep actively involved in a group setting.

Most people that we spoke with knew who their staff team were, however there was an over reliance of agency workers which lead to people experiencing inconsistency and instability. However, Relationships between staff and residents appeared warm. Some family members told us that they felt there could be a more welcoming atmosphere and that some interactions with staff were often impersonal.

Family members told us that some agency staff did not know the identity of people living in the home or the detail of their support needs, this prevented trusting relationships to be developed.

Relatives that we spoke with confirmed that the pressures on staff lead them to stick to the task in hand, leaving no capacity to respond to other demands, one family member stated – "just stop and say hello, how are you".

We reviewed care plans for people who had no verbal communication, we discussed with the service that people with complex communication needs should be supported to communicate in such a way that is right for them. See area for improvement one.

The findings of previous complaints had recommended that there should be clear information provided to people and their families about the service, in particular the arrangements if they were admitted to hospital.

There should also be good communication between staff and relatives/representatives in regard to collecting belongings, and that this should be done in a sensitive manner. We found the service could not provide an appropriate example of where this had been carried out and have re-written this recommendation to reflect our findings. See area for improvement two.

We reviewed the service's administration of medication records and found that when people required to have transdermal patches applied to alleviate pain, the service had failed to record this on a body chart which would indicate where the next patch should not be sited in order that people were kept safe. See area for improvement three.

How people spend their time within the home is important to maintain their health and wellbeing. We found scheduled group activities within the service that people could choose to attend if they wanted to. However, we felt that staff should have more relevant information in order to support people who have disengaged from others or choose to spend time in their own bedrooms to achieve more meaningful activities. See area for improvement four.

Personal plans should give clear direction about how to deliver people's care and support, and how their needs will be met. We reviewed various care plans and found that there were assessments in place to inform a plan of care, however we were not confident that this was being followed and people having their health and wellbeing needs met.

We found that on occasion the service had failed to act on the advice of health professionals which potentially could have resulted in poor outcomes for people. We saw that when some people required to be assisted with their continence needs, this was not always done at a time that suited them, this is important for them to maintain good skin integrity and also have their dignity respected at all times. See requirement one.

Requirements

1. By 25 February 2020 the provider must demonstrate improvement whereby a robust system is in place to identify, monitor and detect changes in individuals' health care needs to support good outcomes. Priority must be given to the care and support that people require around wound care and skin management. In order to do achieve this the provider must ensure:

- (a) Residents who require support and assistance with their continence needs should be supported at a time that suits them, this will ensure that they maintain good skin integrity and that their dignity is respected at all times.
- (b) When external professionals are involved in wound management or issues of tissue viability that an appropriate care plan is devised, and reviewed accordingly.
- (c) People are confident that their needs, and wishes are respected, and carried out effectively. This includes people who require support to be re-positioned in bed or in a chair in order to maintain their skin integrity and that appropriate recording is maintained.
- (d) Personal care is provided in a dignified way which meets residents' needs.

This ensures that care and support is consistent with the health and social care standards which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected. I am confident that people respond promptly, including when I ask for help, and, any treatment or intervention that I experience is safe and effective', (HSCS 1:23, 1:24 and 3:17)

This complies with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 regulation 4 (1)(a) "A provider must make proper provision for health, welfare and safety of users".

Areas for improvement

1. People with complex communication needs should be supported to communicate in such a way that is right for them. Staff and some residents would benefit from sign supported communication training.

This ensures that care and support is consistent with the health and social care standards which state that: 'I am supported to communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs'. (HSCS 2:8)

2. There should be clear information provided to residents and their families about the service, in particular the arrangements if they were admitted to hospital. There should be good communication between staff and relatives/representatives in regards to collecting belongings. This should be done in a sensitive manner.

This ensures that care and support is consistent with the health and social care standards which state that: 'I experience high quality care and support that is right for me'. (HSCS 1:18)

3. The service should ensure that people are kept safe if they require support with medication, this includes, transdermal patches for pain relief, and as required medication protocols which should be reviewed at a time agreed with prescribing doctor.

This ensures that care and support is consistent with the health and social care standards which state that: 'Any treatment or intervention that I experience is safe and effective, and If I need help with medication, I am able to have as much control as possible'. (HSCS 1:24 and 2:23)

4. In order that people spend their day doing what they enjoy and want to do, the manager should ensure that staff have the relevant information and support to deliver more meaningful activities for people living in the home. Particular attention should be given to people who disengage with others or choose to spend most of their time in their bedrooms.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: '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); 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21) and 'I can maintain and develop interests, activities and what matters to me in a way that I like'. (HSCS 2.22).

How good is our leadership?

2 - Weak

People who used this service should experience care and support which is managed and led well. We saw that the service had two out of the four management posts vacant during this inspection which resulted in a weak evaluation of this key question.

We reviewed the managers' audits and felt that the provider had the appropriate tools to ensure good quality assurance, however, we felt the lack of management input to the service resulted in poor outcomes for people.

External professionals who supported the service told us that communication with the management team needed to improve in order that people who used the service could experience better outcomes.

We discussed with the service its failure to submit appropriate notifications to the Care Inspectorate should someone be admitted to hospital following a fall or other serious incident and that appropriate action plans are submitted on time to show that the service is managed and led well.

We discussed the service's development plan, any action plans and internal audits, as well as their quality assurance documentation. These should demonstrate the service's priorities for development and how they monitored the quality of provision within the service. We found that the standard of audits was not as good as it should be and should have identified and addressed issues of poor wound management, poor medication recording, poor records of people's skin integrity. See requirement one.

The findings of previous complaints had recommended that in the event of a particular incident, the service must ensure that they could provide evidence of a full and open investigation, where all suggested causes are investigated and the people, and where appropriate, their family or representatives are kept informed and offered prompt and regular communication. The service did not provide any evidence to show that this had been carried out. We have re-written this to reflect our findings. See area for improvement one.

Requirements

1. By the 25 February 2020, the provider must ensure that quality assurance for the service is responsive and is carried out effectively to show good governance that contributes to high quality care. In order to demonstrate this the service must:

- (a) Ensure that routine and regular management monitoring of the quality of care and support and should include but not limited to include analysis that identifies themes, trends and root causes and action taken on follow-up to effect change or improvement that is needed.
- (b) Quality audits relating to wound management, complaints, shift handovers, accident, incidents, care planning, care reviews, people's experiences and medicine management must be accurate, kept up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay.
- (c) Ensure that all reportable incidents and accidents are forwarded to the Care Inspectorate timeously.
- (d) Ensure that any action plans required following an upheld complaint or following an inspection are submitted within the timeframe allocated.
- (e) Ensure that there is an appropriate management team in place as per the provider's organisational structure to support a service of this size.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service that is well led and managed' (HSCS 4.23). It is also necessary to comply with Regulation 4 (1) (a) Regulation 4 Welfare of users of the Social Care and Social Work Improvement Scotland Regulations 2011.

Areas for improvement

1. Where there has been a un-witnessed injury to a resident, in this case a burn, the service must ensure that they can provide evidence of a full and open investigation, where all suggested causes are investigated and the resident, and where appropriate, their family or representatives are kept informed and offered prompt and regular communication, also full details and findings of any investigations.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: 'I have confidence in the organisation providing my care and support, and I am fully included in all decisions about my care and support'. (HSCS 4:11 and 2:12)

How good is our staff team?

3 - Adequate

Most staff demonstrated knowledge and competency in their roles and had the support to develop their skills to support people who used the service. There were opportunities for junior staff to develop into the role of nursing assistant which provided good support to the nursing staff and people who used the service.

It is important that people who used this service have confidence in the staff who care and support them. The provider had a robust training and development programme in place which ensured staff skills were kept up to date.

Following a review of the service's safer recruitment procedure we found that the service used best practice guidance, this ensured that people were kept safe.

People should be confident that staff respond promptly if they require help. Staffing levels were determined by the provider's dependency ratings tool, however our observations showed that there were times when people were left alone, and there were other times when there were only two staff on a particular unit which meant that during staff breaks there would only be one staff member. We were told by staff that this made them feel very vulnerable as they struggled to meet the needs of people. See area for improvement one which we have made to ensure the safety of people.

Relatives that we spoke with told us that they felt staff were under pressure too much which lead to them concentrating on the task at hand and not having enough time to engage with the people. See area for improvement one.

We concluded that the level of support provided to people who used the service was adequate.

Areas for improvement

1. The service should ensure that there are adequate staffing levels, which are enough to allow residents to choose how they wish to spend their day and be kept safe, during staff breaks.

This ensures that care and support is consistent with the health and social care standards which state that: 'My needs are met by the right number of people. People have time to support and care for me and to speak with me, and, I am confident that people respond promptly, including when I ask for help'. (HSCS 3:15, 3:16, and 3:17)

How good is our setting?

4 - Good

People should experience high quality facilities within the home which promotes their independence and keeps them involved in their wider community.

We found the home was welcoming, and secure with an appropriate entry system, and visitors' book for people to sign in and out. This promoted a safe environment for people and their visitors.

People should have access to a high-quality environment. This is important in ensuring that they have access to an appropriate mix of private and communal areas designed and adapted to suit their needs. We found that people and their relatives were happy with their own bedrooms and the fact they could personalise their own space. This meant that people could decide on some furnishings and layout of their bedrooms, including bringing their own furniture and fittings where possible.

Some relatives that we spoke with told us that they felt the home was getting tired and needed a makeover. We discussed this with the service who assured us that there was a rolling maintenance and decoration programme in place which was being carried out as spaces became available. We will monitor this at future inspections.

We saw that the service displayed various up to date information in respect of activities, and what they had done following suggestions from people who used the service. This meant that people could be kept active and involved.

The service carried out health and safety audits of the building which ensured the safety of people who lived there.

People had access to a lift which meant they could visit other floors. They also had access to kitchen facilities for their families to make drinks or snacks. We saw that there were opportunities for people to have private space or be in smaller groups, we concluded that the service promoted and enabled people's independence to a good standard.

How well is our care and support planned?

2 - Weak

Personal plans should give clear direction about how to deliver people's care and support, and how their needs will be met. We reviewed various care plans and found that although assessments were carried out, they did not fully reflect their wishes or preferred outcomes.

This meant that people who experienced this service could not fully have their outcomes recorded when they achieved them.

We found that residents who were supported by different organisations could have their information shared better which would have meant positive outcomes and a responsive service for people.

Previous inspections had recommended that the service improve the content of people's care plans, and review documentation. We acknowledged that the provider was introducing new review documents which will allow people to plan for their future goals and inform care.

We discussed with the service the need for people to have their care and support reviewed every six months, our observations showed that not everyone had their care and support reviewed every six months. See area for improvement one.

We concluded that the service was weak in carrying out assessments and care planning and the review of the care plan did not fully reflect people's needs.

Areas for improvement

1. People should be fully involved in developing and reviewing their personal plan, which is always available to them. Their personal plan should contain detailed information on how to support the person and be updated when people's needs, and circumstances change. Care plans should be outcome focussed and detail what it is the person wants to achieve. Care plans should be reviewed every six months in order to inform the persons care for the future.

This ensures that care and support is consistent with the health and social care standards which state that: 'My future care and support needs are anticipated as part of my assessment'. (HSCS 1:14); 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3:21); 'I am supported and cared for by people I know so that I experience consistency and continuity'. (HSCS4:16); 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'. (HSCS 4:18) and 'I experience high quality care and support because people have the necessary information and resources'. (HSCS4:27).

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

Any continence support needs should be recorded in each resident's care plan, with full and detailed instructions on how staff are expected to meet these. Where appropriate, staff should record when an individual has been assisted to the toilet.

National Health and Social Care Standards Standard1.15 : I experience high quality care and support that is right for me.

This area for improvement was made on 24 July 2019.

Action taken since then

From the care plans that we reviewed, people had bladder and bowel assessment in place and these were reviewed and evaluated monthly, or and when their needs changed.

Managing people's continence through care planning was in place and reviewed monthly or and when there are any changes to people's needs.

Personal hygiene charts were updated throughout the day, to reflect when an individual had been supported with their continence needs.

This area for improvement had been met.

Previous area for improvement 2

There should be clear information provided to residents and their families about the service, in particular the arrangements if they were admitted to hospital. There should be good communication between staff and relatives/representatives in regards to collecting belongings. This should be done in a sensitive manner.

National Health and Social Care Standards. Standard 1:18. I experience high quality care and support that is right for me.

This area for improvement was made on 24 July 2019.

Action taken since then

The management team were unable to provide a clear example of when this had been done, we have re-written this area for improvement to reflect our findings.

This area for improvement had not been met.

Previous area for improvement 3

Where there has been a un-witnessed injury to a resident, in this case a burn, the service must ensure that they can provide evidence of a full and open investigation, where all suggested causes are investigated and the resident, and where appropriate, their family or representatives are kept informed and offered prompt and regular communication, also full details and findings of any investigations.

Health and Social Care Standards Standard 4:11 I have Confidence in the organisation providing my care and support. Standard 2:12 I am fully included in all decisions about my care and support.

This area for improvement was made on 6 March 2019.

Action taken since then

The management team were unable to provide a clear example of when this had been done, we have re-written this area for improvement to reflect our findings.

This area for improvement had not been met.

Previous area for improvement 4

Where a resident is unable to make their own decisions, the home should ensure that formal representatives are provided with appropriate access to information in order for them to make informed decisions about the residents care within the scope of any legal instrument in place.

This is to ensure care and support is consistent with the health and social care standards which states 'I am fully involved in all decisions about my care'. Health and Social Care Standards 2.12

This area for improvement was made on 30 November 2018.

Action taken since then

Care plans that we reviewed identified who the persons formal representative was, and the capacity of the person.

Appropriate adults with incapacity information was available including section 47 of the adult with incapacity act. This also included any treatments plans associated with the section 47. Do not attempt cardio pulmonary resuscitation information was available and up to date.

We observed during a review meeting that every avenue was being explored to support someone to make the decisions that were right for them.

This area for improvement had been met.

Previous area for improvement 5

Personal care should be provided in a dignified way which meets residents' needs.

This is to ensure care and support is consistent with the health and social care standards which state that 'I experience high quality care and support that is right for me' Health and Social Care Standards 1.4

This area for improvement was made on 30 November 2018.

Action taken since then

We saw that people's personal needs were assessed as part of the admission process. However we also saw that professional advice was not followed in respect of someone's continence needs and this could have potentially put the person's skin integrity at risk.

We have re-written this area for improvement to reflect our findings.

This area for improvement had not been met.

Previous area for improvement 6

In order that people spend their day doing what they enjoy and want to do, the manager should ensure that staff have the relevant information and support to deliver more meaningful activities for people living in the home.

This ensures care and support is consistent with the Health and Social Care Standards, which state that '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); 'I take part in daily routines, such as setting up activities and mealtimes, if this is what I want' (HSCS 2.21) and 'I can maintain and develop interests, activities and what matters to me in a way that I like' (HSCS 2.22).

This area for improvement was made on 19 July 2018.

Action taken since then

Whilst we accept that the activity coordinator had developed activities for people it was usually in large group settings - we felt the service should ensure that people who cannot engage or choose to stay in their own space should have opportunities to be kept active.

We have re-written this area for improvement to reflect our findings.

This area for improvement had not been met.

Previous area for improvement 7

In order to ensure that people receive care and support which is personal to them, the manager should ensure that care records reflect a person-centred and outcome focused approach. Care reviews should also help to identify future plans and goals.

This ensures care and support is consistent with the Health and Social Care Standards, which state that '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); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected (HSCS 1.23).

This area for improvement was made on 19 July 2018.

Action taken since then

We reviewed various care plans and found that they were task orientated, and not outcome focussed. We reviewed care review files and found that the format of the report did not allow itself to plan for future outcomes. The service had devised a new review document which will address this issue. We will monitor the effectiveness of this at future inspection.

We have re-written this area for improvement to reflect our findings.

This area for improvement had not been met.

Previous area for improvement 8

In order to ensure that staff follow best practice at all times, the manager should support staff by introducing a system of observed practice.

This ensures care and support is consistent with the Health and Social Care Standards, which state that '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).

This area for improvement was made on 19 July 2018.

Action taken since then

This is carried out as part of the provider's training programme.

This area for improvement had been met.

Complaints

Please see Care Inspectorate 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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
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	2 - Weak

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

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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