

Baillieston Nursing Home Care Home Service

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Baillieston
Glasgow
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Telephone: 0141 773 0733

Type of inspection:

Unannounced

Completed on:

5 November 2019

Service provided by:

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

Service provider number:

SP2007009152

Service no:

CS2003010426

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

Baillieston Nursing Home is owned by Four Seasons Health Care Group.

The care home is situated in the Baillieston area of Glasgow and provides care and support for up to 60 older people. At the time of the inspection the care home had no vacancies.

The care home is accessible to public transport routes and motorway. Service users are within walking distance of local shops and community amenities.

The resident accommodation is provided over two floors, the upper floor can be accessed by a passenger lift and stairways. The service provides a secured garden area easily accessible from the ground floor lounge.

What people told us

During the inspection we spoke with people who use the service and their visitors. We had previously received seven completed care standards questionnaires from people who experience care and five from friends and relatives. Feedback from the majority of people was positive regarding the service they experience.

"There should be a sheltered area for the residents who are smokers"

"All staff are great and very approachable"

"Staff were knowledgeable in there jobs and created a relaxed and good atmosphere in the home. My family were more than happy with the staff and the décor in the home".

Not all views were positive about certain areas of daily life in the care home:

"I don't think I am able to be involved in how the service is run and I don't think concerns raised are dealt with"

"The name tag arrangements for clothes could be better"

"Ideally more activities, there is no stimulation other than the TV every day"

"There is no one to give feedback except the nurses if my relative is unwell or if I ask".

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?	3 - Adequate
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

3 - Adequate

People who experience care should expect that their care is provided by people who understand and are sensitive to their needs and wishes. We observed that people were happy in the presence of the staff and had built strong relationships. We could see that staff were respectful to residents and treated them with dignity and respect. Change of shift handover meetings contained a good level of detail of each person's care and any issues that required to be followed up.

People and their relatives told us that they found staff to be very hard working, were kind and did their best for the people they cared for. The provider had a recruitment and selection process in place, so that residents could be confident that all checks were completed, and their safety protected. We observed that interactions and attention were limited at times as staff seemed very busy and task focussed.

Those who experienced support should get the most out of life because they were supported by a well-trained and knowledgeable staff team and supported to use health professionals, such as Speech and Language Service (SALT), and other facilities within their community to ensure they remained in good health. We saw the service used recognised assessment tools to monitor the health status of people and the storage of medication which takes place in a central point within each unit. The dispensing of medication was from a medication trolley by a trained member of staff. Protocols were in place to protect the welfare of people who received their medication from staff and copies of the legal framework are recorded within the individuals care plan. The administration of medication in the communal lounge areas is not person centred and does not protect the individual's privacy and dignity. (See Area for improvement 1)

People's privacy and dignity were protected as bedrooms provided ensuite facilities and some individuals had personalised their bedrooms with their own furniture and photographs. We observed that there were communal bathing facilities with specialised equipment to provide independent or staff assisted personal care.

How people spend their day is important in maintaining their wellbeing. We saw some good information about people's life history, interests and hobbies in their care plans, but were unable to see how this was used to improve people's quality of life on a day to day basis. The individuals' activity daily logs should contain an evaluation of people's experiences and benefits of taking part in activities. We found that a number of people's experiences and access to meaningful activities was limited. We spoke to the management regarding our observations. We asked them to consider the underutilisation of lounge areas and what they could do to provide people with informed choices and other options regarding where they could sit to experience better outcomes rather than in the corridor.

The home had an enclosed garden that could be further developed by people who use the service and work out in the fresh air. The service had developed strong links with the local nursery and school children for intergenerational activities which provided positive stimulation and reduced social isolation. The service had access to a mini-bus but this was limited due to accessibility to drivers, therefore spontaneity for outings was limited.

People could expect to be presented with healthy meals and snacks that help them maintain their nutritional health and wellbeing. People confirmed that their views on the choice of foodstuffs on the menu planner had taken place and some of their suggestions were part of the updated menu planner. We noted that activities in the home have limited links to health promotion. We observed that staff were aware of the importance of monitoring and recording people's food and fluid intake to ensure they had not become dehydrated or malnourished. We spoke with management that people were not encouraged to retain their daily living skills such as making their own snacks or hot or cold drinks. The service should scrutinise more robustly the outcome of the audits to promptly intervene to prevent people losing weight. (See Area for improvement 1)

Areas for improvement

1. The service should review the menu planner regarding options at mealtimes, reflect all food groups, and reduce restrictions for some people. The completion and record keeping should be regular and accurate to reduce any compromise to individuals' health and wellbeing including how people spend their day through meaningful activities.

This ensures care and support is consistent with Health and Social Care Standards which state that: 'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible' (HSCS 1:38) and '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?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**3 - Adequate**

People who experience this service did achieve positive outcomes and told us they and their family had played an active part in the development of their support plan to ensure it was right for them and set out how their needs, goals and wishes would be met. These positive comments were confirmed through interviews with staff and observation of practice.

Regular review meetings were arranged and attended by each individual and those that they had invited. The review checked that the individual's care plan contents were up to date and continued to meet their needs. This made people feel respected.

The individuals' care plans were large files and the contents could have been expanded to be more person centred and reflect the individual's changing social and health requirements and how the service could meet them. We asked the service to ensure the participation of all parties and provide a forum that records the effectiveness and measurable outcomes of the residents' goals contained in their plan. (See Area for improvement 1)

People could be confident that their health and wellbeing was protected by trained staff who administered medication. However, we discussed with the service the need to review some of their medication management procedures to ensure the accurate recording and reconciliation of medication following administration. (See Area for improvement 1)

"As required" medication protocols should be in place for anyone in receipt of "as required" medication and should include which non-pharmacological intervention strategies to be used prior to administration of medication. The outcome of any "as required" medication administered should also be recorded on the reverse of the medication administration recording sheet. (See Area for improvement 2).

The care service, management and staff, used quality assurance and audit systems and access to best practice guidance publications to help protect the health and welfare of the people who experience care, including nutrition and hydration to prevent unnecessary weight loss and management of falls. The care service scrutinises the data collected and with the use of recognised assessment of need tool were able to monitor staffing levels to protect the welfare and meet the requirements of those residing at Baillieston Home. The provider and management had generated an inhouse improvement and development plan for the future of the care service and positive outcomes for those who experience care. (See Area for improvement 3)

Areas for improvement

1. The service should review the robustness of the completion of their quality assurance processes and audit systems and the impact on the people who use the service to ensure positive outcomes.

This ensures care and support is consistent with Health and Social Care Standards which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (HSCS 4:8)

2. The service would benefit from reviewing their medication management procedures to ensure the accurate recording and reconciliation of medication following administration. This should include "As required" medication protocols to be in place for anyone in receipt of "as required" medication and should include which non-pharmacological intervention strategies to be used prior to administration of medication. The outcome of any "as required" medication administered should also be recorded on the reverse of the medication administration recording sheet.

This ensures 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' (HSCS 1:24)

3. The management and staff should update at a frequency set by them, monthly or quarterly, the progress of the development plan for the care home and outcomes for people who experience care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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 consult residents and staff regarding the development of physical and social activities and where and when they would take place inhouse or in the local community.

This ensures care and support is consistent with Health and Social Care Standards, "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 5 December 2018.

Action taken since then

This Area for Improvement has been met.

The Activities Facilitator participated in a Scottish Government project Caring about Physical Activity CAPA to increase the care homes activities. Care staff try where possible to assist with daily activities to enhance individuals daily life.

There was evidence that the residents have participated in quarterly meetings with agenda and topics such as revamping the menus which had taken place.

There was no action plan created after the meetings to record if the feedback and wishes from people who experience care had been effective and met.

Previous area for improvement 2

The provider should review, using the Kings Fund Environmental Tool the capacity to accommodate people who experience care in comfortable dining rooms and homely lounge areas, audit the layout of seating within these spaces and use of the corridor as a sitting area.

This ensures care and support is consistent with Health and Social Care Standards, "I have enough physical space to meet my needs and wishes" (HSCS 5:20)n and "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.

This area for improvement was made on 5 December 2018.

Action taken since then

This Area for Improvement is met.

With the support of all interested parties the service revisited and completed the Kings Fund Tool and identified areas to add to their improvement and development plan, example redecoration and refurbishment of furnishings was required.

People who experience care like to sit in the corridor and when there are large numbers it can become a trip hazard for those who are moving to and fro between bedrooms and lounge room. The service should review this situation and what requires to be done to ensure the lounge rooms are used in preference to the corridor.

They also identified people require to have access to a snack station for themselves throughout the day. People also want to have access to condiments at meal times to retain daily living skills.

Previous area for improvement 3

The provider should ensure that records relating to an individuals care plan are reviewed a minimum of six monthly and the conclusions are outcome focussed.

This area for improvement was made on 5 December 2018.

Action taken since then

This Area for Improvement is met.

A number of care plans were sampled during the inspection. There was evidence that family members are invited to be involved in their relatives six monthly review. The minutes of the reviews could be more informative, reflective and outcome focussed.

Previous area for improvement 4

The provider should review the robustness of the completion of their quality assurance processes and audit systems and the impact on the people who use the service to ensure positive outcomes.

This ensures care and support is consistent with Health and Social Care Standards, "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve. (HSCS 4.8)

This area for improvement was made on 5 December 2018.

Action taken since then

This Area for Improvement continues to be an area for the service to develop.

The service carries out monthly audits, care plans, medication and maintenance.

However, there was a lack of evidence that confirmed there is a robust financial audit for each individual being completed to protect the safety of people who experience support.

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?	3 - Adequate
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	3 - Adequate
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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