

Rawyards House Care Home Care Home Service

Motherwell Street
Airdrie
ML6 7HP

Telephone: 01236 761611

Type of inspection:
Unannounced

Completed on:
3 March 2021

Service provided by:
RH Independent Healthcare Limited

Service provider number:
SP2003002430

Service no:
CS2003010591

About the service

Rawyards House Care Home is a care home in the Airdrie area of North Lanarkshire.

The service is provided by RH Independent Healthcare Ltd and has been registered with the Care Inspectorate since 1 April 2011 to provide care and support for up to 97 older people. Within its maximum number of placements, the service may also provide a care service to a maximum of 40 adults who have dementia and a maximum of five who may be younger adults with a physical disability.

The accommodation is within a converted villa house and attached purpose-built extension, with an adjoining conservatory/lounge area. It is conveniently situated for public transport routes and is within walking distance of local shops and community amenities. There is access to outdoor seating areas depending on the weather and season.

All bedrooms are single occupancy with most en-suites and a number had been personalised to the individual's taste offering a homely feel. Each unit had a lounge and separate dining room, or a lounge/dining room area was also available.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from Healthcare Improvement Scotland and the Care Inspectorate.

What people told us

During this visit we spent time across all the units. Some residents were able to engage with us and others less able to share their experience of the service. Generally, we observed people to be happy and relaxed in the setting and in their interactions with the staff team.

We telephoned relatives in order to obtain feedback on how the service was performing.

Some of the comments we received were as follows:

"We talk on the phone at any time really."

"Kept well informed by them, they really do look after us and they call me with any issues."

"There are no problems there - they do keep me updated and I call them to check."

"They are very responsive to me."

"I think the communication is great. They even let us facetime my mother."

"Most definitely they call me whenever something different is going on."

"X likes to just chat to people, but we were very surprised at Christmas when there was a lot of events going on and she participated in a lot of them which is not like her."

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 good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

1 - Unsatisfactory

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection area was to establish if people's health and wellbeing benefitted from their care and support in relation to COVID-19. We also wanted to ensure that people experienced high quality care and support that was right for them. We found the performance of the service in relation to this to be weak. This means that there were a number of important weaknesses and priority action is required.

Where there had been changes to people's health, clinical investigations were carried out promptly involving healthcare professionals where required. This demonstrated that there were responsive reactions to people's changing needs.

People experienced respectful and appropriate communication with staff. We observed many positive interactions between staff and residents and relatives spoke positively about the service.

Not all care plans, risk assessments and monthly evaluations were updated. This meant that people could not be confident that staff could provide safe support based on the most up to date information about their needs. (See Requirement 1)

People could not be assured that they received the appropriate care they required to maintain and improve their health. Healthcare charts were not always accurately completed or analysed. (See Requirement 2)

There were several discrepancies in the Medication Administration Records (MAR). People could not therefore be confident that medication administration practice ensured that they always received the medication they were prescribed. The MAR auditing system had also highlighted discrepancies. However, as there was no record of any action taken, people could not be confident of safe high-quality support to receive their medication. (See Requirement 3)

Arrangements were in place to support people to stay in touch with family and friends through the use of technology. There were some issues surrounding the appropriate facilities to support this activity, however the manager discussed plans to improve this.

We saw where staff had previously worked hard to try to provide activities. However more recently, there had been a lack of structured and person-centred activities while people had been isolating in their rooms. This meant that people experienced limitations in being able to participate in a range of activities meaningful to their wellbeing.

An Area for Improvement made at the previous inspection has been repeated. (See Area for Improvement 1)

People who required a texture modified diet experienced a lack of choice as there were only limited options available. Staff were not always clear as to what options people could have. (See Area for Improvement 2)

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Our focus in this inspection was to establish if the setting was safe and well maintained in relation to COVID-19. We found major weaknesses that required immediate action to ensure that people experiencing care were protected from harm and the risk of infection.

During our first visit on 25 February 2021, we identified that immediate action was required to ensure that people experiencing care were protected from harm and the risk of infection. There was a need to improve cleaning, laundry and housekeeping practices and use of personal protective equipment to minimise the spread of infection.

To ensure that immediate remedial action was taken to resolve poor infection prevention and control (IPC) practices, we issued the provider with a letter of serious concern on 26 February 2021. We made a requirement that covered the issues identified above.

During our subsequent visit to the service on 1 March 2021 we found some positive action had been taken including additional cleaning, equipment purchased, and repairs made.

However, cleanliness within areas of the home continued to be unsatisfactory and staff did not always have access to PPE or easy access to dispose of it appropriately. This meant staff and inspectors had to carry used PPE with them until they could dispose of this.

Correct cleaning products were not being used which meant we could not be certain that decontamination of viruses such as COVID-19 was effective. Not all staff were aware of current guidelines or company policies on infection prevention and control measures.

Storage of linen within the laundry was not being managed in line with guidance.

Bins sited at the external clinical waste areas were not locked, bins should be locked at all times to ensure public safety.

These areas of unsatisfactory practices put people at increased risk. In response to these findings, we issued an Improvement Notice on 5 March 2021. This is available on the Care Inspectorate website. (www.careinspectorate.com)

The service was unable to demonstrate that there was appropriate water checking for legionella. People therefore could not be confident of living in an environment that is safe from legionella. We shared these concerns with Environmental Health and the local authority. (See Requirement 4)

Maintenance check records showed that not all daily checks had been carried out. Where issues had been identified, there was not always a note of any action(s) taken to rectify the issue(s). Therefore, people could not be assured of living in an environment that is well looked after. (See Area for Improvement 3)

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

Our focus in this inspection area was to establish if the staff team had the right competence, knowledge, and skills to support people in relation to COVID-19.

We found the performance of the service in relation to this to be weak. This means that there were several important weaknesses and priority action is required.

The current management team had identified several areas where they intended to make improvements and appeared committed to completing these.

We were unable to determine the number of staff on duty due to the way information was recorded. The manager agreed to our request to improve on the current way of recording rotas.

People could not be confident of support being provided in a planned and safe way as staff working in the service lacked direction and leadership. Important information had not been identified or communicated among staff. This meant that people could not be assured of planned, safe support from staff who were fully aware of their needs. There was also a lack of staff taking accountability for their own actions, such as completion of all steps in relation to tasks undertaken meaning that some elements of support were not safe or consistent.

Systems of assurance were not being used effectively to support improvement. Where discrepancies had been identified through audits, there was not always clear records of any action(s) taken. People could not be confident that they are living in a service that is safe and benefitted from a culture of continuous improvement. (See Requirement 5)

Staff meetings had reduced. This resulted in reduced opportunities for management and staff to meet and discuss important matters as a group to ensure consistency and continuity in care. (See Area for Improvement 4)

There were some areas of recruitment practice that could improve to assure people that staff are appropriately and safely recruited. Recruitment files could have better demonstrated safe recruitment practices. Of the five files sampled most had an omission of some kind such as a signature, date, or clear proof of reference. In addition, procedure for disclosure storage was not always adhered to. (See Area for Improvement 5)

Staff had received training in Covid-19 and donning and doffing and some competency assessments to assess practices had been completed. However, PPE and infection prevention and control practices we saw were not always consistent with best practice. (Concerns relating to staff practice checks to demonstrate how the training received is being implemented are subject to an Improvement Notice issued to the service on 5 March 2021)

Requirements

1. To ensure that people experience care and support that is safe and right for them. The provider must by 1 June 2021 ensure that individuals' personal plans:

- provide current detailed information to guide staff providing their care and support.
- clearly set out measures to reduce risk that has resulted from risk assessment.
- cross reference all relevant parts to ensure consistency in the provision of support.

This is to ensure 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)

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation SSI 2011/210 Regulation 4(1)(a) - welfare of service users Regulation 5 - Personal plans.

2. To ensure that people experience responsive support to their specific healthcare needs the provider must by 29 March 2021 ensure that:

- Recordings of healthcare monitoring and support are accurately completed at the time provided.
- Recordings are assessed by a senior staff member at an appropriate frequency and at least once in every 24 hours to ensure the wellbeing of the individual.

- Staff demonstrate in their practice awareness of the importance of accurately completing charts used to monitor healthcare needs.
- Audits of this information are carried out regularly to ensure if effective or review required.

This is to ensure confidence in the organisation providing my care and support and is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users.

3. In order that people can be confident of safe high-quality support to receive their medication the provider must by 29 March 2021 ensure that:

- Medication Administration Records reflect accurate recording of medication administration.
- Monitor these records and any associated actions required with a frequency that ensures an early response to any errors or omissions.

This ensures care and support is consistent with the Health and Social Care Standards, 4.11 which states 'I have confidence in the organisation providing my care and support'.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI 2011/210)Regulations 4(1)(a) Welfare of users.

4. To ensure that people experience care in an environment where they are protected from avoidable risk of legionella the provider must by 20 March 2021:

- Provide evidence of water quality testing to comply with current Legionella legislation.

This ensures care and support is consistent with the Health and Social Care Standards, 5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.'

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI 2011/210) Regulations 4(1)(a) Welfare of users.

5. To ensure that people experience care from a competent and skilled staff the provider must by 29 March 2021 ensure effective leadership, accountability, and communication between all staff. This includes from managers to staff and between peers. This is in order to ensure the health and welfare of service users. In doing so there must be effective leadership in place to specifically:

- Make sure communication between all grades of staff and management is effective.
- Implement service policies and ensure best practices are being adhered to.
- Mentor and assess performance of staff.

- Ensure that where areas for improvement have been identified within the auditing system, there is sufficient information to show how risks have been minimised and progress made.

This is in order to ensure that 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 is in order to comply with Regulation 4(1)(a) Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Areas for improvement

1. The service should ensure that activity staff hours are protected and that a review is carried out to look at how all staff can support residents to be involved in day-to-day life around the care home.

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)

2. The dining experience should be improved upon to make sure there is a choice available for people requiring a modified textured meal. In doing so, staff should be able to advise people what their options are at mealtimes.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37)

3. Where issues or concerns are identified following environmental checks, there should be a clear record of any action(s) taken. Where issues are unable to be rectified through internal maintenance, there should be a clear record of escalation.

This ensures care and support is consistent with the Health and Social Care Standards, 5.22 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.'

4. The frequency of staff meetings should be reviewed to enable better opportunities for management and staff to communicate about important matters.

This is in order to ensure that 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)

5. Recruitment processes and recording should be improved upon to demonstrate that procedures are in line with the good practice guidance: "Safer Recruitment through Better Recruitment (2016)" resource.

This is in order to ensure that 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)

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 ensure that activity staff hours are protected and that a review is carried out to look at how all staff can support residents to be involved in day-to-day life around the care home.

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 18 April 2019.

Action taken since then

We saw where staff had previously worked hard to try to provide activities. However more recently, there had been a lack of structured and person-centred activities while people had been isolating in their rooms. This meant that people experienced limitations in being able to participate in a range of activities meaningful to their wellbeing.

This area for improvement has been repeated. (See Area for Improvement 1)

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 good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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