

# Rawyards House Care Home Care Home Service

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Airdrie  
ML6 7HP

Telephone: 01236 761 611

**Type of inspection:**  
Unannounced

**Completed on:**  
30 March 2021

**Service provided by:**  
RH Independent Healthcare Limited

**Service provider number:**  
SP2003002430

**Service no:**  
CS2003010591

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

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 follow up inspection to review progress made in meeting requirements made following an Improvement Notice we issued to the service on 5 March 2021. We also reviewed three requirements from the inspection we completed 3 March 2021.

These inspections are focused inspections 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 the Care Inspectorate and Healthcare Improvement Scotland.

## What people told us

We spoke to staff and residents, looked at the cleanliness of the environment as well as reviewing documentation including manager quality assurance systems.

The residents we spoke to during our inspection visit told us they were happy. We observed kind, compassionate interaction between residents and staff who clearly knew them well and were attentive to their needs.

## 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?	3 - Adequate
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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?

3 - Adequate

As we found sufficient work had been completed to meet all the requirements from the previous inspection report and Improvement Notice, we reviewed the previous evaluations awarded and have now awarded evaluations of adequate.

We acknowledged that the focus for the provider and service, since the last inspection, had been on meeting the requirements therefore there remains one requirement and five areas for improvement which remain outstanding from the previous inspection.

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

### Requirements

#### Requirement 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.

**This requirement was made on 17 March 2021.**

#### Action taken on previous requirement

The timescale for this requirement is 1 June 2021 therefore we did not assess this requirement at this follow up visit.

#### Not assessed at this inspection

#### Requirement 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.

**This requirement was made on 17 March 2021.**

#### Action taken on previous requirement

We noted that there had been improvements in relation to how staff completed documentation. Where healthcare monitoring charts were in place we noted that these were up to date and completed at the time care was delivered.

The manager had carried out a range of meetings and organised training on skin and oral care as well as completing documentation accurately. Staff were now aware of the importance of completing these charts accurately and this was evident from the improvements we saw.

The manager checked and signed these monitoring charts regularly and where concerns were identified there was evidence in a supplementary audit of the action taken to rectify and improve this.

We found that staff were taking more responsibility and ownership of maintaining these charts to a good standard to ensure peoples' healthcare needs were being monitored and met.

#### Met - within timescales

### Requirement 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.

**This requirement was made on 17 March 2021.**

#### Action taken on previous requirement

We noted there had been improvement in the management and recording of medication administration. The records we saw were up to date and accurate.

The medication records had been reviewed by staff in partnership with the GP. Where people had missed their medication regularly we could see this had been reviewed and times changed to reflect the need and routine of the resident. This ensured people received their prescribed medication to support their healthcare needs.

The medication records were regularly checked and audited by the manager and followed up where any issues were identified to ensure people's wellbeing.

## Met - within timescales

### Requirement 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.

**This requirement was made on 17 March 2021.**

### Action taken on previous requirement

We received a copy of the most recent legionella test report on 19 March from the manager. This had been completed by an independent company, covered all areas of the home and contained a test report of water samples and satisfactory test results to ensure people's safety.

## Met - within timescales

### Requirement 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)

**This requirement was made on 17 March 2021.**

#### Action taken on previous requirement

We were provided with evidence of a range of staff meetings that had taken place including all grades of staff. Staff spoken to described these meetings as a supportive and informative process. This enabled them to understand the current issues within the service and discuss plans to move forward and improve.

Staff were motivated and willing to engage with us and described improved team work as well as a better understanding of their roles and responsibilities. Staff were aware and could direct us to current policies and guidance and were confident to access and use this guidance to improve their knowledge and practice.

Regular observations of staff practice in relation to hand hygiene and use of PPE had been introduced to ensure staff were following the relevant practice and guidance. Staff were aware of these checks and had responded positively to them being carried out. Staff appeared more confident and confirmed that improvements to communication and management presence had improved their understanding and practice. This was evident in the improvements we saw throughout the home.

Improvements had been made to the quality assurance system, the manager was able to demonstrate their findings and any actions taken to ensure positive outcomes.

**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 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 17 March 2021.**

## Action taken since then

We did not assess this Area for Improvement at this follow up inspection and will review on our next visit.

## Previous area for improvement 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)

**This area for improvement was made on 17 March 2021.**

## Action taken since then

We did not assess this Area for Improvement at this follow up inspection and will review on our next visit.

## Previous area for improvement 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."

**This area for improvement was made on 17 March 2021.**

## Action taken since then

We did not assess this Area for Improvement at this follow up inspection and will review on our next visit.

## Previous area for improvement 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)

**This area for improvement was made on 17 March 2021.**

## Action taken since then

We did not assess this Area for Improvement at this follow up inspection and will review on our next visit.

## Previous area for improvement 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)

**This area for improvement was made on 17 March 2021.**

#### Action taken since then

We did not assess this Area for Improvement at this follow up inspection and will review on our next visit.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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